

1096

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Maricopa State ARIZONA State File No. 272  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 557  
City Phoenix No. Route 6, Box 967 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 2 yrs. 0 mos. 0 ds.  
How long in State when death occurred? 2 yrs. 0 mos. 0 ds.

2. FULL NAME Glen Lapp  
(a) Residence: No. Route 6, Box 967 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>June 21, 1917</u>				
7. AGE	Years <u>19</u>	Months <u>8</u>	Days <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Badaxe, Michigan</u> (State or Country)				
MOTHER	13. NAME <u>George S. Lapp</u>			
	14. BIRTHPLACE (city or town) <u>Michigan</u> (State or Country)			
	15. MAIDEN NAME <u>Bertha Hintz</u>			
	16. BIRTHPLACE (city or town) <u>Michigan</u> (State or Country)			
17. INFORMANT <u>Bertha Lapp, Mother</u> (Address) <u>Route 6, Box 967, Phx. Ariz.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Forest Lawn</u> Date <u>3-22-37</u> 19 <u>37</u>				
19. EMBALMER License No. <u>2224</u> Signature <u>Sam Wessing</u> FUNERAL DIRECTOR <u>A. L. Moore &amp; Sons,</u> Address <u>Phoenix, Arizona</u>				
20. Filed <u>3-22, 1937</u> <u>Maricopa, Arizona</u> <u>B. J. W. S.</u> Registrar				

21. DATE OF DEATH (month, day, and year) Mar. 18, 1937  
I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1937 to 3-18, 1937  
I last saw him alive on 1-8, 1937; death is said to have occurred on the date stated above, at 3:20 P. m.  
The principal cause of death and related causes of importance were as follows:  
Pulm. tuberculosis Date of Onset Jan 1935  
Contracted outside of Arizona  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Glucose Was there an autopsy? no  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no  
(Signed) George Tharngate M. D.  
(Address) Phoenix, Ariz.