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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 STATE FILE NO. 136
 COUNTY Maricopa STATE ARIZONA REGISTERED NO. 636
 TOWNSHIP _____ OR VILLAGE _____
 CITY Phoenix NO. St Josephs Hospital ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Charles G. Gates HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 1836 W. Washington ST. _____ WARD _____ NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 3, 1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>March 28, 1937, TO April 3, 1937</u> I LAST SAW HIM ALIVE ON <u>April 3, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:15 P. M.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Brain Abscess</u> <u>about</u> <u>March 22 or 23</u> <u>1937</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>None</u> NAME OF OPERATION <u>Craniotomy</u> DATE OF OPERATION <u>March 29, 1937</u> WHAT TEST CONFIRMED DIAGNOSIS <u>Brain Abscess</u> WAS THERE AN AUTOPSY? _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Velma B. Gates</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3, 1898</u>			
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. <u>39</u> <u>3</u> _____ _____		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Barber</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Foulke Ark.</u>	
13. NAME <u>Charles L. Gates</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ark.</u>		15. MAIDEN NAME <u>Martha ?</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ark.</u>		17. INFORMANT (ADDRESS) <u>Velma B. Gates, Wife. 1836 W. Washington</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Lawn</u> DATE <u>4/5/37</u>	
19. EMBALMER (LICENSE NO. _____) SIGNATURE <u>Henry T. Fordan</u> FUNERAL DIRECTOR <u>Henry T. Fordan</u> ADDRESS <u>Arizona Funeral Home</u>		20. FILED <u>418</u> 19 <u>37</u> <u>Henry T. Fordan</u> REGISTRAR		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE, _____ DATE OF INJURY _____, IS 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 _____ (SIGNED) <u>H. G. Schwab</u> M. D. (ADDRESS <u>605 English, Phoenix, Arizona</u>)	

90M-1-25-36-FORM 2-100% RAG BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION