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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
 County Maricopa State ARIZONA State File No. 1007
 Township _____ or Village _____
 City Phoenix No. St. Joseph's Hospital 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: 13 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Frank G. Snyder How long in State when death occurred 13 yrs. _____ mos. _____ ds.
 (a) Residence: No. 3831 N. Central St. _____ Ward _____ (If 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>June 17, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Helen Snyder</u>				22. <u>Mar 7</u> I HEREBY CERTIFY, That I attended deceased from <u>31</u> to <u>June 17</u> , 19 <u>37</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct. 11 1876</u>				I last saw <u>him</u> alive on <u>June 17, 1937</u> ; death is said to have occurred on the date stated above, at <u>10:20 P.M.</u>		
7. AGE	Years <u>60</u>	Months <u>8</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Stomach</u> Date of Onset <u>1 year</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Other contributory causes of importance:	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dry Cleaning</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>Chicago, Ill.</u> (State or Country)						
FATHER	13. NAME <u>George Snyder,</u>					
	14. BIRTHPLACE (city or town) <u>Wisconsin</u> (State or Country)					
MOTHER	15. MAIDEN NAME <u>Unknown</u>					
	16. BIRTHPLACE (city or town) <u>Wisconsin,</u> (State or Country)					
17. INFORMANT <u>Helen Snyder, wife,</u> (Address) <u>3831 N. Central, Phx., Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood</u> Date <u>6-21, 37</u> , 19 <u>37</u>						
19. EMBALMER License No. <u>326</u> Signature <u>J. Hausman</u> FUNERAL DIRECTOR <u>A. L. Moore & Sons,</u> Address <u>Phoenix, Arizona.</u>						
20. Filed <u>6-22-37</u> , 19 <u>37</u> Registrar <u>Wm. J. O'Connell</u>						
24. Was disease or injury in any way related to occupation of deceased?					If so, specify <u>Fracture of skull</u> M. D. <u>Wm. J. O'Connell</u> (Address) <u>15 S. Maricopa</u>	
25. 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 _____						