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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

279

1. PLACE OF DEATH

County Maricopa State ARIZONA State File No. _____ Registered No. 240

Township _____ or Village _____

City Phoenix No. Booker T. Washington Hospt. St. _____ or _____ 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. — mos. — ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Thomas Fuller. How long in State when death occurred? 2 yrs. — mos. — ds.

(a) Residence: No. 1240 1/2 East Adams St. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. ~~SINGLE, MARRIED~~, WIDOWED, or ~~DIVORCED~~, (Write the word) Widowed.

5a. If ~~married~~, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Unknown

6. DATE OF BIRTH (month, day, and year) ? ? 1872.

7. AGE Years 65 Months ? Days ? If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer.

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 Country) Cherokee County, Texas.

FATHER

13. NAME Quincy Fuller.

14. BIRTHPLACE (city or town) (State or Country) Cherokee County, Texas.

MOTHER

15. MAIDEN NAME Sallie Gault.

16. BIRTHPLACE (city or town) (State or Country) Nacogdoches, Texas.

17. INFORMANT (Address) S. W. Thompson. 527 East Jefferson Street.

18. BURIAL, CREMATION, OR REMOVAL Burial Maricopa Cemetery. Date July 25 1937

19. EMBALMER License No. 190 A Signature Leland D. Ward.

FUNERAL DIRECTOR Salt Lake Mortuary.

Address 1641 East Jefferson Street.

20. File Aug 23, 1937 James L. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 24, 1937

I last saw him alive on July 24, 19__; death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cardiovascular	10 yrs
vascular	
disease	

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? _____

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? No

If so, specify _____

(Signed) Clyde J. Barker, M. D.

(Address) 1151 E. Van Buren

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information