

9762

Dr. Kent

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

228

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Maricopa State ARIZONA

State File No. _____

Registered No. 184

Township _____ or Village _____

City Mesa

No. Southside Hospital St. _____

(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... yrs. 1 mos. 20 ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willis Boyd Hoopes

How long in State when death occurred? yrs. mos. ds.

(a) Residence: No. Rexburg, Idaho St. _____

Ward _____ (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan. 4, 1920

7. AGE Years Months Days If LESS than 1 day...hrs. or...min.
17 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
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) Rexburg (State or Country) Idaho

13. NAME George A. Hoopes

14. BIRTHPLACE (city or town) Weston (State or Country) Idaho

15. MAIDEN NAME Edna Baker

16. BIRTHPLACE (city or town) Mendon (State or Country) Utah

17. INFORMANT George A. Hoopes (Address) Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Idaho Place Removal--Rexburg Date 10-29-1937

19. EMBALMER { License No. 228 Signature R. N. Daybell

FUNERAL DIRECTOR Meldrum Mortuary Address Mesa, Arizona

20. Filed Oct. 29, 1937 Registrar _____

MEMORANDUM CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12-37, 1937, to 10-28-37, 1937.

I last saw h... alive on _____, 1937; death is said to have occurred on the date stated above, at 10 P.M.

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

Melrose Hoopes 1928
(Pneumonic Heart Disease)

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1937
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) W. Hoopes M. D.

(Address) _____

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.