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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		State File No. 190
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		Registered No. <u>702</u>
Township <u>Phoenix</u> on Village		City <u>Phoenix</u> No. <u>13th &amp; E. Van Buren</u> St. <u>3</u> Ward		
Length of residence in city or town where death occurred <u>3</u> yrs. <u>7</u> mos. <u>11</u> ds.		How long in U. S. if of foreign birth <u>3</u> yrs. <u>7</u> mos. <u>11</u> ds.		
2. FULL NAME <u>Jefferson Cleveland Sampley</u>		How long in State when death occurred <u>3</u> yrs. <u>7</u> mos. <u>11</u> ds.		
(a) Residence: No. <u>1242 E. Pierce</u> St. <u>3</u> Ward <u>3</u>		(Usual place of abode) (if nonresident 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, DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Dec. 12, 1937</u>
6. If married, widowed or divorced, HUSBAND of (or) WIFE of <u>Ruby Alma Kendrick Sampley</u>		22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.		
6. DATE OF BIRTH (month, day, and year) <u>May 1-1886</u>		I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at <u>1. A. m.</u>		
7. AGE	Years <u>57</u> Months <u>7</u> Days <u>11</u>	If LESS than 1 day, ____ hrs. or ____ min.		The principal cause of death and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance Agents</u>	Said death was the result of being struck by an automobile driven by Harry Gilbert.		Date of Onset <u>12/12/37</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		Other contributory causes of importance:
12. BIRTHPLACE (city or town) (State or Country) <u>Arkansas</u>		Name of operation _____ Date of _____		
FATHER	13. NAME <u>Jesse Sampley</u>	What test confirmed diagnosis? _____ Was there an autopsy? _____		
	14. BIRTHPLACE (city or town) (State or Country) <u>unknown</u>	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>ACC.</u> Date of injury <u>12/12/37</u>		
MOTHER	15. MAIDEN NAME <u>Mary</u>	Where did injury occur? <u>Phoenix, Maricopa Co., Ariz.</u> (Specify city or town, county and State)		
	16. BIRTHPLACE (city or town) (State or Country) <u>unknown</u>	Specify whether injury occurred in industry, in home, or in public place. <u>Public Place 13th &amp; E. Van Buren</u>		
17. INFORMANT (Address) <u>Wife</u>		Manner of injury _____		
18. BURIAL, CREMATION, OR REMOVAL		Nature of injury _____		
Place <u>Greenwood</u> Date <u>12-14-37</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No.</u>		
19. EMBALMER { License No. _____ Signature <u>J. M. Maus</u>		If so, specify _____ (Signed) <u>Harry E. Westfall</u> , M. D.		
FUNERAL DIRECTOR <u>Same</u>		(Address) <u>CORONER</u>		
Address <u>830 N. 1st Ave.</u>		20. Filed <u>12-17-37</u> <u>James L. Johnson</u> Registrar		