

216

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. 185

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township _____ or Village _____
 City Phoenix No. St. Joseph's Hospital St. _____ or _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Charles Adkins How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 489 E. Trigg, Memphis, Tenn. 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) Married

5a. If married, widowed, or divorced
 HUSBAND of Ida Mae Adkins
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) No Record.

7. AGE approx Years 57 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor Foreman,
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tri. State Compress Co.
 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) No Record

13. NAME No Record.

14. BIRTHPLACE (city or town) (State or Country) _____

15. MAIDEN NAME No Record.

16. BIRTHPLACE (city or town) (State or Country) _____

17. INFORMANT Ida Mae Adkins, wife,
 (Address) 489 E. Trigg, Memphis, Tenn.

18. BURIAL, CREMATION, OR REMOVAL Removal
 Place Memphis, Tenn. Date 1-15-38

19. EMBALMER { License No. 224
 Signature _____
 FUNERAL DIRECTOR A. L. Moore & Sons,
 Address Phoenix, Arizona.

20. Jan 14, 1938 James L. Shuler
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938 to Jan 13, 1938
 I last saw him alive on Jan 13, 1938; death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows: Cardiac Decomposition acute by perturbed heart Date of Onset _____
 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 _____, 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? _____
 If so, specify _____
 (Signed) T. P. Bates M. D.
 (Address) Phoenix, Ariz.