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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. 325
Registered No. 157

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township Phoenix, or Village St. Joseph's Hospital
City Phoenix, No. 870 St. 870 Ward 870
(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 12 yrs. 0 mos. 0 ds. How long 0 yrs. 0 mos. 0 ds. of foreign birth?
2. FULL NAME Willard Forrest Ruffner How long 12 yrs. 0 mos. 0 ds. in State when death occurred?
(a) Residence: No. 1409 1/2 E. Fillmore St. 870 Ward 870
(Usual place of abode) (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) May 20, 1918
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 8 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Excavating
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ault, Colorado
(State or Country)

13. NAME Forrest Ruffner,
14. BIRTHPLACE (city or town) Colorado
(State or Country)

15. MAIDEN NAME Irene Stevens,
16. BIRTHPLACE (city or town) Wyoming,
(State or Country)

17. INFORMANT Forrest Ruffner,
(Address) 1409 1/2 E. Fillmore, Phx.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Greenwood Date 2-3-38, 19

19. EMBALMER License No. 284
Signature [Signature]
FUNERAL DIRECTOR A. L. Moore & Sons
Address Phoenix, Arizona

20. Filed 2/3, 1938 Registrar James R. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN. 29, 1938 to JAN. 31, 1938

I last saw him alive on JAN 31, 1938; death is said to have occurred on the date stated above, at 5 A. m.

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

OTITIS MEDIA & INTERNA - LEFT UNKNOWN

MENINGITIS - PNEUMOCOCCIC JAN 29, 1938

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? SPINAL FLUID Was there an autopsy? No

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) Kenneth E. Peterson M. D.
(Address) 111 Professional Bldg.