

449

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. 394

1. PLACE OF DEATH  
 County Pima State ARIZONA Registered No. 47  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City TUCSON No. St. Marys Hosp. St. \_\_\_\_\_ 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 4 yrs. 4 mos. 4 ds. How long in U. S. of foreign birth? 6 yrs. 1 mos. 1 ds.  
 2. FULL NAME Neil Laron Judd How long in State when death occurred? 6 yrs. 1 mos. 1 ds.  
 (a) Residence: No. St. David St. \_\_\_\_\_ Ward Ariz.  
 (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)  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Feb. 16, 1932  
 7. AGE Years 6 Months 0 Days 29 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) St. David (State or Country) Ariz.  
 13. NAME Alfred Thomas Judd  
 14. BIRTHPLACE (city or town) Old Mexico (State or Country)  
 15. MAIDEN NAME Edna Neola Goodman  
 16. BIRTHPLACE (city or town) Pomerene (State or Country) Ariz.  
 17. INFORMANT Edna Neola Judd (Address)  
 18. BURIAL, CREMATION, OR REMOVAL Place St. David Date 1-15-1938  
 19. EMBALMER { License No. \_\_\_\_\_ Signature \_\_\_\_\_  
 FUNERAL DIRECTOR PAUL H. HOFFMAN Address \_\_\_\_\_  
 20. Filed 1-15-38 Levin H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15, 1938  
 I HEREBY CERTIFY that I attended deceased from Jan 14 1938 to Jan 15 1938  
 last saw him alive on Jan 14 1938; death is said to have occurred on the date stated above, at 12:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Rheumatic heart disease  
pericarditis  
lobar pneumonia  
 Date of Onset Jan 6  
11 6  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ray 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) J. P. Smith M. D.  
Y. C. Langford (Address)