

003

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.

MARGIN RESERVED FOR BINDING

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 159
 Township _____ or Village _____ Registered No. 239
 City Phoenix No. Good Samaritan Hospital _____ or _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. FULL NAME Inf. Son of Mr. & Mrs. H. E. Kleck How long in U. S. if born birth? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 3134 W. Lincoln How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (Usual place of abode) 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

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

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1938

7. AGE Years _____ Months 0 Days 0 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. Infant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Phoenix, Arizona. (State or Country) _____

13. NAME Holland E. Kleck

14. BIRTHPLACE (city or town) Washington, D. C. (State or Country) _____

15. MAIDEN NAME Maryetta Boswell

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

17. INFORMANT Mr. H. E. Kleck (Address) 3134 W. Lincoln, Phx.

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place Forest Lawn Date 2-19-38, 1938

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

20. Filed 2/18, 1938 James L. Johnston Registrar (Signed) A. C. Shelley M. D.
 (Address) 910 Cr. Bldg. Phoenix

MEDICAL CERTIFICATE OF DEATH 159

21. DATE OF DEATH (month, day, and year) Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938 to Feb. 18, 1938
 I last saw him alive on Feb. 18, 1938; death is said to have occurred on the date stated above, at 4 A. M.
 The principal cause of death and related causes of importance were as follows:
Crematocystis - lewisii
at about 7 months gestation
 Date of Onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____