

4053

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

1. PLACE OF DEATH
County Pima State ARIZONA State File No. 102
Township _____ or Village _____ Registered No. 155
City Tucson No. Southern Meth. Hospital 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 _____ yrs. _____ mos. 7 ds. How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Amos H. Wien How long in State when death occurred? 63 yrs. _____ mos. _____ ds.
(a) Residence: No. Douglas Arizona St. _____ Ward _____
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Charlotte Wien</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 27-1850</u>		
7. AGE	Years <u>87</u>	Months <u>5</u>
	Days <u>21</u>	If LESS than 1 day, _____ hr. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Business</u>	
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)	<u>Pottstown Pa</u>	
MOTHER	13. NAME <u>Abraham Wien</u>	
FATHER	14. BIRTHPLACE (city or town) (State or Country) <u>Germany</u>	
	15. MAIDEN NAME <u>Sarah Kasper</u>	
	16. BIRTHPLACE (city or town) (State or Country) <u>Germany</u>	
	17. INFORMANT <u>Theresa M. Pritchett</u> (Address) <u>Douglas Ariz</u>	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas Ariz</u> Date <u>2/19/38</u> , 19__	
	19. EMBALMER License No. _____ Signature <u>John D. Reilly Jr.</u> FUNERAL DIRECTOR <u>Reilly Undertaking Co.</u> Address <u>Tucson Ariz</u>	
	20. Filed <u>2-18-38</u> 19 <u>38</u> <u>Louis H. Hama</u> Registrar	

MEDICAL CERTIFICATE OF DEATH 121

21. DATE OF DEATH (month, day, and year) 2-18-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938 to Feb 18, 1938
I last saw b.l.m. alive on Feb 18, 1938; death is said to have occurred on the date stated above, at 7:50 A. M.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of Onset 4p
Transurethral Prostatectomy

Other contributory causes of importance:

Name of operation Prostatectomy Date of 2/4/38
What test confirmed diagnosis? Usual. 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) M. D. O'Leary M. D.
(Address) 1534 E. Speedway, Tucson, Ariz.