

4907

Dr. Neff

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

State File No. 4852

Registered No. 4852

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County: Maricopa State: ARIZONA  
 Township: \_\_\_\_\_ or Village: \_\_\_\_\_  
 City: Mesa (If death occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. mos. ds.  
 2. FULL NAME John S. Harris How long in \_\_\_\_\_ when death occurred? \_\_\_\_\_ mos. ds.  
 (a) Residence: No. Mesa, Arizona 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) Widowed

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

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1853

7. AGE Years 85 Months 1 Days 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

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) (State or Country) San Bernardino Calif.

13. NAME John Harris

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

15. MAIDEN NAME Nanny Allredge

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

17. INFORMANT Herbert J. Harris (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 4-11-38 19. \_\_\_\_\_

19. EMBALMER License No. 228 Signature R. N. Dabell

FUNERAL DIRECTOR Meldrum Mortuary Address Mesa, Arizona

20. Filed 4/15 1938 Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 9/38

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were, as follows: Arteriosclerotic H. disease c. Heart failure aet. 85 Date of Onset 4-9-38

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) Dr. Neff M. D. (Address) 108 W. Main St. - Mesa, Ariz.

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.