793

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. ____

Registered No. 1055

1. PLACE OF DEATH

County Maricopa State ARIZONA or

Township ____ or Village ____ St., ____ Ward

City Phoenix, No. 4th Ave, & Buchannan (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 8 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

How long in State when death occurred? 8 yrs. ____ mos. ____ ds.

2. FULL NAME EDWARD CHARLES POHLMAN

(a) Residence: No. 229 E. Indianola St., ____ Ward (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Suethel Pohlman

6. DATE OF BIRTH (month, day, and year): Dec. 10, 1893

7. AGE: Years 44, Months 7, Days 18. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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.: Chemical Worker

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): New Jersey

FATHER

13. NAME: Fredrick Pohlman

14. BIRTHPLACE (city or town) (State or Country): New Jersey

MOTHER

15. MAIDEN NAME: Rosmund Katinka Renault

16. BIRTHPLACE (city or town) (State or Country): France

17. INFORMANT (Address): Suethel Pohlman, 229 E. Indianola, Phx.

18. BURIAL, CREMATION, OR REMOVAL: Burial

Place: Greenwood Cem. Date: 7-30-38, 19__

19. EMBALMER: License No. 224; Signature: Sim Wesonig,

FUNERAL DIRECTOR: A. L. Moore & Sons,

Address: Phoenix, Arizona.

20. Filed 7/29/38, 19__ James L. Johnson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 28, 1938

22. I HEREBY CERTIFY, That I examined body of deceased July 29, 1938, to ____ 19__ I never saw him alive on and, 19__ death is said to have occurred on the date stated above, at 5:30 A.M.

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

	Date of Onset
Fractured skull	7-28-38
Hemorrhage	7-28-38

Other contributory causes of importance:

Shock	7-28-38
Crushing of arms	

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? Accident Date of injury 7-28-1938

Where did injury occur? Phoenix Ariz. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury: Explosion in plant

Nature of injury: Crushed skull & arms

24. Was disease or injury in any way related to occupation of deceased? Employee of Oxygen Plant

If so, specify

(Signed) J. E. Dram M. D.

(Address)

Back of Certificate to be used for any Additional Information

10M 1-7-38 MS Form 3 100% Rag