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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township Seventh or Village _____
 City Phoenix, Arizona No. Arizona State 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 1 yrs. 10 mos. 18 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Oran Kay
 (a) Residence: No. Lake side, Arizona St. _____ Ward _____
(Usual place of abode) (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 _____		
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>		
7. AGE <u>64</u>	Years	Months
	Days	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (city or town) (State or Country) <u>Gaylor Ariz.</u>		
13. NAME <u>Joseph Kay</u>		
14. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>		
15. MAIDEN NAME <u>Walker</u>		
16. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>		
17. INFORMANT (Address) <u>Arizona State Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lake side Ariz.</u> Date <u>8/4</u> , 19 <u>38</u>		
19. EMBALMER License No. _____ Signature <u>Tom King</u>		
FUNERAL DIRECTOR <u>Martensen & King</u> Address <u>1020 W. Washington</u>		
20. Filed <u>8/4</u> , 19 <u>38</u> Registrar <u>James H. Johnson</u> (Address) <u>Phoenix Arizona</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to Aug 2, 1938
 I last saw him alive on Aug 2, 1938; death is said to have occurred on the date stated above, at 1:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of Onset 5/1/38
Generalized Arteriosclerosis
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis clinical 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 _____
 (Signed) P. B. Kypson M. D.
 (Address) Phoenix Arizona