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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 Maricopa State ARIZONA State File No. 332
Township _____ or Village _____ Registered No. 1190
City Phoenix No. 12th St. & 1/2 Mi. N. on Glendale Ave. or _____
(If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
Length of residence in city or town where death occurred 26 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Edith Ayres Wasser How long in State when death occurred? 26 yrs. _____ mos. _____ ds.
(a) Residence: No. Rt. 2, Box 217, Phx. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Aug. 17, 1938</u>	22. I HEREBY CERTIFY That I attended deceased from <u>July 6, 1938, to Aug 16, 1938</u> I last saw <u>her</u> alive on <u>Aug 16, 1938</u> ; death is said to have occurred on the date stated above, at <u>5:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of the liver</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>H. H. Wasser</u>		6. DATE OF BIRTH (month, day, and year) <u>Aug. 15, 1888</u>	7. AGE Years <u>50</u> Months <u>0</u> Days <u>2</u> If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset _____		
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. <u>At Home</u>			11. Total time (years) spent in this occupation _____	
10. Date deceased last worked at this occupation (month and year) _____		12. BIRTHPLACE (city or town) <u>Atlanta, Missouri.</u> (State or Country)				
13. NAME <u>Sylvester D. Ayres</u>		14. BIRTHPLACE (city or town) <u>New York</u> (State or Country)				
15. MAIDEN NAME <u>Gooding</u>		16. BIRTHPLACE (city or town) <u>Missouri.</u> (State or Country)				
17. INFORMANT <u>H. H. Wasser, husband</u> (Address) <u>Rt. 2, Box 217, Phx.</u>		18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood Cem.</u> Date <u>8-19-38</u> 19__				
19. EMBALMER License No. <u>225</u> Signature <u>J. Hausner</u> FUNERAL DIRECTOR <u>A. L. Moore & Sons,</u> Address <u>Phoenix, Arizona.</u>		20. Filed <u>8/20, 1938</u> Registrar <u>James J. Johnson</u> (Address) <u>611 Prof. Bldg.</u>				
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.					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>E. Payne Palmer</u> M. D. (Address) _____	