9294

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. 1194

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township ..... or Village ..... or
City Phoenix Arizona No. St Joseph 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 43 mos. ..... 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 Truman A. French
(a) Residence: No. 431 W. Warshington 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) Widowed
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora R. French
6. DATE OF BIRTH (month, day, and year) 1847
7. AGE Years 91 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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 York

FATHER
13. NAME Mr French
14. BIRTHPLACE (city or town) (State or Country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT (Address) Mrs Maude French 431 W. Warshington

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Greenwood Date 8/22/38, 19....

19. EMBALMER License No. ..... Signature [signature]
FUNERAL DIRECTOR A.H. McLellan
Address Phoenix Arizona

20. Filed Aug 20 1938 James L. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to Aug 20, 1938; I last saw him alive on Aug 20, 1938; death is said to have occurred on the date stated above, at ..... m.

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

[signature]

Other contributory causes of importance: This man had no definite disease.

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 ....., M. D.
(Signed) .....
(Address) .....

Back of Certificate to be used for any Additional Information

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