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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

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1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. _____
 Township _____ or Village _____ Registered No. 1435-
 City Phoenix No. _____ 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 2 yrs. 0 mos. 0 ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Truman Smith How long in State when death occurred? 4 yrs. _____ mos. _____ ds.
 (a) Residence: No. 1123 Bickeye Road St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
 6. DATE OF BIRTH (month, day, and year) Aug. 31, 1916
 7. AGE Years 22 Months 1 Days 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Mansfield, (State or Country) Arkansas.
 13. NAME Charles Smith
 14. BIRTHPLACE (city or town) Norcrossville, (State or Country) Arkansas.
 15. MAIDEN NAME Veda Fuhr
 16. BIRTHPLACE (city or town) Cedar, (State or Country) Oklahoma.
 17. INFORMANT Charles Smith (Address) 1123 Bickeye Road.
 18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery, Date 10-19- 1938
 19. EMBALMER License No. _____ Signature [Signature]
 FUNERAL DIRECTOR Reynolds Funeral Home Address 1137 East Washington St.
 20. Filed 10-21- 1938 James Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15, 1938
 I HEREBY CERTIFY that I attended deceased from body received at Reynolds Mortuary
at 5:40 pm 10/17/38
 I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 10:45 P. M.
 The principal cause of death and related causes of importance were as follows:
Shot wound head
ball entered through left orbit
penetrating brain
also skin wound head
Right thigh super ficial
 Other contributory causes of importance:
Cerebral hemorrhage + shock
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was 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 10/15, 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.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
No
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Goodrich Bldg Phoenix Ariz