

2609

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

1. PLACE OF DEATH *Maricopa* State *ARIZONA* State File No. *149*  
County *Maricopa* or Village \_\_\_\_\_ Registered No. *1519*  
Township \_\_\_\_\_ No. *1733 East Adams* St. \_\_\_\_\_ Ward \_\_\_\_\_  
City *Phoenix* (If death occurred in hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred *2 yrs 1 mos* ds. How long in U. S. if of foreign birth? *2 yrs 1 mos* ds.

2. FULL NAME *Fred Gilbert* How long in State when death occurred? *2 yrs 1 mos* ds.  
(a) Residence: No. *1733 East Adams* St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH			
3. SEX <i>Male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <i>Single</i>			21. DATE OF DEATH (month, day, and year) <i>Nov 10, 1938</i>	22. I HEREBY CERTIFY, That I attended deceased from <i>11-7</i> , 19 <i>38</i> , to <i>11-10</i> , 19 <i>38</i> I last saw <del>him</del> alive on <i>11-9</i> , 19 <i>38</i> ; death is said to have occurred on the date stated above, at <i>100 ft.</i>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <i>Oct 10, 1936</i>	7. AGE	Years <i>2</i>	Months <i>1</i>	Days <i>—</i>		If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <i>Capillary Bronchitis with Hypertrophy of spleen</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None - Infant</i>	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 _____	Other contributory causes of importance: _____		Date of Onset _____	
MOTHER	12. BIRTHPLACE (city or town) (State or Country) <i>Phoenix, Arizona</i>	13. NAME <i>Edna Gilbert</i>					Name of operation _____ Date of _____	What test confirmed diagnosis? _____ Was there an autopsy? <i>No</i>
FATHER	14. BIRTHPLACE (city or town) (State or Country) <i>Corydon, Georgia</i>	15. MAIDEN NAME <i>William Christian</i>					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 _____
16. BIRTHPLACE (city or town) (State or Country) <i>Marshall, Texas</i>		17. INFORMANT <i>Mr. Edna Gilbert</i> (Address) <i>1733 East Adams Street</i>					Manner of injury _____	Nature of injury _____
18. BURIAL, CREMATION, OR REMOVAL <i>Buried Pima County</i> Date <i>Nov 14, 1938</i>		19. EMBALMER License No. <i>190A</i> Signature <i>Edward D. Ward</i> FUNERAL DIRECTOR <i>East Pima Mortuary</i> Address <i>1641 East Jefferson Street</i>					24. Was disease or injury in any way related to occupation of deceased? _____	If so, specify _____ (Signed) <i>W. C. Haskett</i> , M. D. (Address) <i>216 E. Washington</i>
20. Filed <i>11-14</i> , 19 <i>38</i> <i>James H. Haskett</i> Registrar		Back of Certificate to be used for any Additional Information						