

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
 County Maricopa State ARIZONA State File No. 344
 Township _____ or Village _____ Registered No. 1755
 City Phoenix No. 1560 South 19th. Ave. St. _____ or 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 50 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds.
 2. FULL NAME Walter John Hughes How long in State when death occurred? 50 yrs. mos. ds.
 (a) Residence: No. 1560 South 19th. Ave. 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 White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Hughes

6. DATE OF BIRTH (month, day, and year) April 9, 1883

7. AGE Years 55 Months 8 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) (State or Country) New York

13. NAME Wm. P. Hughes

14. BIRTHPLACE (city or town) (State or Country) New York

15. MAIDEN NAME Bridget Horan

16. BIRTHPLACE (city or town) (State or Country) New York

17. INFORMANT William P. Hughes
(Address) Phoenix, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place St. Francis Cemetery Burial Dec. 30, 1938

19. EMBALMER License No. 26
Signature J. T. Whitney
FUNERAL DIRECTOR J. T. Whitney
Address Phoenix, Arizona

20. Filed 12-30-38 James H. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938, to Dec. 27, 1938
 I last saw him alive on Dec. 26, 1938; death is said to have occurred on the date stated above, at 3:40 A. M.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of Onset Many years
Congestive Heart Failure

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? X-ray 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 _____, 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? no

If so, specify _____

(Signed) Paul V. Palmer M. D.
 (Address) 611 Professional Bldg.
Phoenix