1273

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

91

State File No. .....

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. .....

Township ..... or Village ..... or

City Wickenburg 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 12 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth 60 yrs. ..... mos. ..... ds.

2. FULL NAME Albert Edward Anderson How long in State when death occurred? 45 yrs. ..... mos. ..... ds.

(a) Residence: No. Wickenburg St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and state)

92 b

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 Myrna Anderson

6. DATE OF BIRTH (month, day, and year) March 14, 1876

7. AGE Years 62 Months 10 Days ~~19~~ 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner.

10. Date deceased last worked at this occupation (month and year) Feb 1939

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or Country) London Ontario Canada

FATHER

13. NAME Sin Clair Anderson

14. BIRTHPLACE (city or town) (State or Country) ? Canada

MOTHER

15. MAIDEN NAME Adline McDonald

16. BIRTHPLACE (city or town) (State or Country) unknown

17. INFORMANT (Address) Myrna Anderson Wickenburg

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Wickenburg Date 2/3/39

19. EMBALMER License No. 96 L 188-A Signature 96 L Coffinger

FUNERAL DIRECTOR 96 L Coffinger

Address Wickenburg

20. Filed 2/2/39, 19 Naomi M. Coffinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19 to 1939, 19

I last saw him alive on ~~2/1/39~~ 1/31/39; death is said to have occurred on the date stated above, at 6 A m.

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

	Date of Onset
Myocarditis	1932
Endocarditis	?

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Exam 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?

If so, specify .....

(Signed) Floyd B. Brallier M. D.

(Address) Wickenburg, Arizona

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information