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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

231

1. PLACE OF DEATH

County Maricopa State ARIZONA State File No. _____
 Township _____ or Village _____ Registered No. 396
 City Phoenix No. 3 Washington St. Bwt. 2 3 Street or _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth _____ yrs. mos. ds.
 2. FULL NAME Joseph E. Geare How long in State when death occurred? 42 yrs. mos. ds.
 (a) Residence: No. 22 W. Vernon Ave. St. _____ Ward _____
 (Usual place of abode) (If now absent give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary C. Geare</u>				
6. DATE OF BIRTH (month, day, and year) <u>June 1, 1882</u>				
7. AGE		Years	Months	Days
<u>56</u>		<u>9</u>	<u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>and Insurance</u>			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Belleplaine</u> (State or Country) <u>Minnesota</u>				
FATHER	13. NAME <u>Joseph E. Geare</u>			
	14. BIRTHPLACE (city or town) <u>Michigan</u> (State or Country)			
MOTHER	15. MAIDEN NAME <u>Mary Murphy</u>			
	16. BIRTHPLACE (city or town) <u>Lesueur</u> (State or Country) <u>Minnesota</u>			
17. INFORMANT <u>Mrs. Mary Geare</u> (Address) <u>22 W. Vernon Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>St. Francis Cemetery</u> Date <u>3/27/39</u>				
19. EMBALMER { License No. <u>26</u> Signature <u>J. T. Whitney</u> FUNERAL DIRECTOR <u>J. T. Whitney</u> Address <u>Phoenix, Arizona</u>				
20. Filed <u>3-27-39</u> <u>James P. Johnson</u> Registrar				

21. DATE OF DEATH (month, day, and year) 3/24/1939

22. I HEREBY CERTIFY, That I attended deceased from Many years, 19____ to _____, 19____
 I last saw him alive on 3/1/39, 19____; death is said to have occurred on the date stated above, at 5:30 m. P. M.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
Essential hypertension
General arterio-sclerosis
 Date of Onset _____

Other contributory causes of importance:

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 _____
 (Signed) Edward Palmer M. D.
697 Professional Bldg
 (Address)

5M-7/6/38 Form 3 100% Reg Back of Certificate to be used for any Additional Information