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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

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 259
 Township _____ or Village _____ Registered No. 954
 City Phoenix No. 1636 E. Pinchot 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 14 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Fredrick B. Dantzler How long in State when death occurred? 14 yrs. _____ mos. _____ ds.
 (a) Residence: No. 1636 E. Pinchot, Phx St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>July 26th, 1939</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>July 21, 1939, to July 26, 1939</u> I last saw him alive on <u>July 26, 1939</u> ; death is said to have occurred on the date stated above, at <u>10:15 P.M.</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct 12th, 1864</u>					The principal cause of death and related causes of importance were as follows:		
7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. <u>74</u> <u>9</u> <u>14</u>			8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salesman</u>			<u>Congestive heart failure</u> <u>Arteriosclerotic heart disease</u> <u>Arteriosclerosis</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>South Carolina</u> (State or Country)					Other contributory causes of importance: _____		
13. NAME <u>Olin M. Dantzler</u>					Name of operation <u>None</u> Date of _____		
14. BIRTHPLACE (city or town) <u>South Carolina</u> (State or Country)					What test confirmed diagnosis? _____ Was there an autopsy? _____		
15. MAIDEN NAME <u>Caroline Butler</u>					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) <u>South Carolina</u> (State or Country)					Manner of injury _____ Nature of injury _____		
17. INFORMANT <u>C. A. Kenyon, son-in-law</u> (Address) <u>1636 E. Pinchot, Phx</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood Cem.</u> Date <u>7-31-39</u>					If so, specify _____ M. D. (Address) <u>611 Professional Bldg. Phoenix</u>		
19. EMBALMER License No. <u>235-A</u> Signature <u>Stanley Clegg</u> FUNERAL DIRECTOR <u>A. I. Moore & Sons</u> Address <u>Phoenix, Arizona</u>					20. Effected <u>July 31, 1939</u> by <u>Paul V. Palmer</u> Registrar.		

10M 1-7-38 MS Form 3 100% Rag Back of Certificate to be used for any Additional Information