

42 10

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** State File No. 129
 BUREAU OF VITAL STATISTICS Registered No. 997

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township Phoenix, or Village St. Joseph's Hospital Ward _____
 City Phoenix, No. _____ (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 27 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds.
 2. FULL NAME Mrs. Faires Mathews How long in State when death occurred? 27 yrs. mos. ds.
 (a) Residence: 3301 E. Washington, Phx. (Usual place of abode) (If not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed			21. DATE OF DEATH (month, day, and year) Aug. 8th, 1939	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					I HEREBY CERTIFY, That I attended deceased from <u>July 14, 1939</u> , to <u>Aug 8, 1939</u> I last saw her alive on <u>Aug 8, 1939</u> ; death is said to have occurred on the date stated above, at <u>8 A.</u> m.	
6. DATE OF BIRTH (month, day, and year) Oct. 26th, 1886					The principal cause of death and related causes of importance were as follows: <u>Intestinal Obstruction</u> Date of Onset <u>7/14/39</u>	
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	Other contributory causes of importance: <u>Hereditary Syphilis ?</u> <u>Cerebral Accident 8/7/39</u>	
52	9	12			Name of operation <u>Op for Int. Obstr.</u> Date of <u>7/14/39</u> What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					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? <u>None</u> (Specify city or town, county and State)	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home					Specify whether injury occurred in industry, in home, or in public place _____ Manner of injury _____ Nature of injury _____	
10. Date deceased last worked at this occupation (month and year) _____					24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>L. D. Beck</u> M. D. (Address) <u>Phoenix</u>	
11. Total time (years) spent in this occupation _____						
12. BIRTHPLACE (city or town) <u>Florence, Alabama</u> (State or Country)						
13. NAME <u>Frank L. Gray</u>						
14. BIRTHPLACE (city or town) <u>Unk.</u> (State or Country)						
15. MAIDEN NAME <u>Young</u>						
16. BIRTHPLACE (city or town) <u>Unk.</u> (State or Country)						
17. INFORMANT <u>Dan & James Mathews, sons,</u> (Address) <u>3301 E. Washington, Phx.</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood Cem.</u> Date <u>8-9-39</u> , 19____						
19. EMBALMER { License No. <u>224</u> Signature <u>Sim Wesonig,</u> FUNERAL DIRECTOR <u>A. L. Moore & Sons,</u> Address <u>Phoenix, Arizona.</u>						
20. Filed <u>8-11</u> , 19 <u>39</u> <u>James P. Johnson</u> Registrar						