2596

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

State File No. 30

Registered No. 1321

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township ____ or Village ____ or

City Phoenix 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 13 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frank Waldron How long in State when death occurred ____ yrs. ____ mos. ____ ds.

(a) Residence: No. 622 No. 9th 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 Ethel

6. DATE OF BIRTH (month, day, and year) Sept 6 1856

7. AGE: Years 83 | Months 1 | Days 25 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

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) Ky.

FATHER

13. NAME Frank Waldron

14. BIRTHPLACE (city or town) (State or Country) Unknown

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (Address) Charles Waldron Phoenix Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Greenwood Date 11/3/39

19. EMBALMER License No. ____ Signature ____

FUNERAL DIRECTOR A.H. McLellan

Address Phoenix Arizona

20. Filed Nov 2, 1939 James L. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1939 to Nov. 1, 1939

I last saw him alive on November 1, 1939; death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows: Bronchopneumonia — Date of Onset 10-31-39

Other contributory causes of importance: Carcinoma of recto-sigmoid — 9

Name of operation hm Date of ____

What test confirmed diagnosis? hm 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) John Chiaretta, M. D.

(Address) 317 Security Bldg

Back of Certificate to be used for any Additional Information

5M—7/6/38— Form 3 100% Rag