

2683

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 1379 ¹⁹²

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township _____ or Village _____
City Phoenix No. Good Samaritan Hospital 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 _____ yrs. _____ mos. 10 ds. How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Lee Van Deren How long in State when death occurred? 60 yrs. _____ mos. _____ ds.
(a) Residence: No. Sedona Arizona St. _____
(Usual place of abode)

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>Nov 15, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Nettie L.</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 5</u> , 19 <u>39</u> , to <u>Nov 15</u> , 19 <u>39</u> I last saw him alive on <u>Nov 15</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>6:15 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Prostate 6 mo</u>		Date of Onset
6. DATE OF BIRTH (month, day, and year) <u>July 26 1867</u>						
7. AGE	Years <u>72</u>	Months <u>3</u>	Days <u>19</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>Rancher</u>					
	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 <u>60</u>			
12. BIRTHPLACE (city or town) <u>Sedona Calif.</u> (State or Country)						
FATHER	13. NAME <u>James Godfry Van Deren</u>					
	14. BIRTHPLACE (city or town) <u>Ky.</u> (State or Country)					
MOTHER	15. MAIDEN NAME <u>Unknown</u>					
	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)					
17. INFORMANT <u>Earl Van Deren</u> (Address) <u>Sedona Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> Place <u>Jerome Arizona</u> Date <u>11/16/39</u>						
19. EMBALMER { License No. _____ Signature _____ FUNERAL DIRECTOR <u>A.H. McLeish</u> Address <u>Phoenix Arizona</u>						
20. Filed <u>Nov. 16</u> , 19 <u>39</u> <u>James L. Johnson</u> Registrar						
					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.	
					24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
					Name of operation <u>Prostatectomy</u> Date of <u>Nov 13, 1939</u> What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
					Manner of injury _____ Nature of injury _____	
					If so, specify _____ (Signed) <u>H. St. Katherine</u> M. D. (Address) <u>11006 Prof. Kelly Phoenix, Ariz.</u>	

Back of Certificate to be used for any Additional Information