2702

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. 211

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 1391

Township ..... or Village ..... or

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. 1 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martin Buggeln How long in State when death occurred? 53 yrs. ..... mos. ..... ds.

(a) Residence: 318 W. Moreland, Phx. ; .....

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Marie Buggeln

6. DATE OF BIRTH (month, day, and year) May 18th, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	1	

OCCUPATION

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. Cattleman

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) California, Missouri

FATHER

13. NAME Martin Buggeln

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

MOTHER

15. MAIDEN NAME Henrietta

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

17. INFORMANT (Address) Mrs. Eva Marie Buggeln, wife, 318 W. Moreland, Phx. Ariz.

18. BURIAL, CREMATION, OR REMOVAL Removal Williams, Calvery Cem. Los Angeles, Calif. 11-20-39 19

19. EMBALMER License No. 235-A Signature Stanley Clegg.

FUNERAL DIRECTOR A. L. Moore & Sons,

Address Phoenix, Arizona.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1939, to Nov 19, 1939

I last saw him alive on Nov 19, 1939; death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral apoplexy or embolism	Nov 19

Other contributory causes of importance:

Arteriosclerosis, Gangrene right leg	Years Years

Name of operation Amputation Date of Nov 10

What test confirmed diagnosis? ..... 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) Colin Macrae Greer M. D.

(Address) Phoenix, Arizona

10M—5-25-39 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information