

9862

SOCIAL SECURITY NO. Unknown
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. 186
Registered No. 380

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township _____ or Village _____
City Phoenix No. 203 E. Virginia Ave. 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 2 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Charles R. Hall How long in State when death occurred? 2 yrs. _____ mos. _____ ds.
(a) Residence: 1009 Montana St. El Paso (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
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adabelle C. Hall
6. DATE OF BIRTH (month, day, and year) July 2, 1897
7. AGE Years 42 Months 8 Days 9 If LESS than 1 day, _____ hrs. or _____ min.
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. Adv. Salesman
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Nebraska (State or Country)

13. NAME David Wesley Hall

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

15. MAIDEN NAME Lula Catlett

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

17. INFORMANT Chas. Raymond Hall (Address) 1009 Montana St., El Paso

18. BURIAL, CREMATION, OR REMOVAL Burial Place Forest Lawn Cem. Date 3-14-40, 1940

19. EMBALMER { License No. 235-A Signature Stanley Clegg FUNERAL DIRECTOR A. L. Moore & Sons Address Phoenix, Arizona

20. Filed 3-18, 1940 Registrar James Johnson (Address) Phoenix

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-11-40, 1940
22. I HEREBY CERTIFY, That I attended deceased from 3/11/40 1940 to 3/11/40 1940
I last saw him alive on 3/11/40 1940 death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of Onset 3/11/40

Other contributory causes of importance:

Name of operation none Date of _____
What clinical diagnosis diathermy on autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide no 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 Home
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) R. D. Becker M. D.
Registrar (Address) Phoenix

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.