9948

Social Security No. 527-09-1433

Last employer, Ernest Carleton
Phoenix, Ariz.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 209

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 424

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

City Phoenix, 2223 East Culver St., Phoenix, ... 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 5 yrs. 6 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph David Therriault How long in State when death occurred? 5 yrs. 6 mos. ..... ds.

(a) Residence: 2223 East Culver St., Phoenix, Arizona
(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 Rose Therriault

6. DATE OF BIRTH (month, day, and year) 11-20-1887

7. AGE: Years 52 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 3-1-40

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or Country) Taunton, Mass.

FATHER

13. NAME David Therriault

14. BIRTHPLACE (city or town) (State or Country) Remoski, Quebec Canada

MOTHER

15. MAIDEN NAME Hermaline ?

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

17. INFORMANT Mrs. Rose Therriault (widow)
(Address) 2223 E. Culver St., Phoenix

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St. Francis Cem. Date 3-29-40 19

19. EMBALMER { License No. 147 147
Signature Geo. E. Walker
FUNERAL DIRECTOR Grimshaw Mortuary
Address 334 W. Monroe St. Phoenix

20. Filed 3/30, 1940 James R. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26-40 19

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1940 to 3/26, 1940

I last saw him alive on 3/26, 1940; death is said to have occurred on the date stated above, at 9:30 p.m.

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

	Date of Onset
Pneumonic Asthma	
Hypertension	
Endocarditis	

Other contributory causes of importance:

Dropsy

Name of operation None Date of .....

What test confirmed diagnosis? Physical exam 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) C. A. Simmons, M. D.

(Address) 1111 Phoenix Ariz.

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.

5M 12-16-38 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information