

2413

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. 169

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 58
Township _____ or Village _____ or
City Mesa 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... yrs... mos... ds. How long in U.S. if of foreign birth? ... yrs... mos... ds.

2. FULL NAME Giles W. Cardwell

How long in State when death occurred? 20 yrs... mos... ds.

(a) Residence: Mesa, 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) Divorced

5a. If married, widowed, or divorced HUSBAND of Almeta Ann Cardwell (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1858

7. AGE Years 81 Months 4 Days 20 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) Virginia

13. NAME Elisha Cardwell

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

15. MAIDEN NAME Unknown

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

17. INFORMANT George E. Cardwell (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 4-15, 1940

19. EMBALMER { License No. 231 Signature [Signature] FUNERAL DIRECTOR M. L. Gibbons Address Mesa, Arizona

20. Filed 11/7/40, 1940 Registrar [Signature] (Address) _____ M. D. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1940 to April 11, 1940

I last saw him alive on 4-11-40, 1940; death is said to have occurred on the date stated above, at 2:40 P.m.

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

Lobar Pneumonia

Other contributory causes of importance:

Senility

Acute yellow atrophy of liver

3-11-40

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1940

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? _____

If so, specify _____

(Signed) [Signature] M. D.

(Address) _____