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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 254
Registrar's No. 97a

. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits write RURAL) (c) Location St. Joseph's Hospital (St. & No. (or) Name of Institution)

d) Length of Stay: In Hospital or Institution 1 Hour.; In Community 1 Yr. 1 Mo.; In Arizona 1 Yr. 1 Mo. (Specify whether years, months or days)

. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits write RURAL)

d) Street No. 6th. Ave. & Apache, 4th. House on E. Side of 6th. Ave. (e) If foreign born, in U. S. A. ..... yrs.

. (a) FULL NAME Lewis Singleton (b) If veteran name war ..... (c) Social Security No. ..... (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	Negro	Infant

6. (b) Name of husband or wife: Infant
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased April 29, 1939 (Month) (Day) (Year)

8. AGE: Years 1 | Months 1 | Days 25 | If less than one day hrs. ..... min. .....

9. Birthplace Phoenix, Arizona (City, town or county) (State or Country)

10. Usual Occupation Infant

11. Industry or Business .....

Father
12. Name Major Singleton
13. Birthplace Eufala Okla. (City, town or county) (State or Country)

Mother
14. Maiden Name Annie Mae Calvin
15. Birthplace Hugo, Okla. (City, town or county) (State or Country)

16. (a) Informant's own signature Major Singleton
(b) Address 6th. Ave. & Apache St.

17. (a) Burial, Cremation or Removal Burial
(b) Place Co. Cemetery (c) Date 6-25- 1940

18. (a) Embalmer's Signature Not Embalmed
(b) Funeral Director Reynolds Funeral Home
(c) Address 1137 East Washington St.

19. (a) June 26-1940 (Date received local Registrar)
(b) James L. Johnson (Registrar's Signature)

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 24, 1940;
TIME (Hour and minute) 4:55 P.M. M.

21. I hereby certify that I attended the deceased from June 22, 1940 to June 23rd, 19....;
that I last saw him alive on June 23rd, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastritis and Acute colitis

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

DURATION: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature N. S. Hightower /M.D.
Address 9022 Jeff St. Date signed June 25-40