2617

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 93
Registrar's No. 496 a

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix, (If outside city limits write RURAL) (c) Location Good Sam. Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 Weeks; In Community 15Yrs.; In Arizona 15Yrs. (Specify whether years, months or days)

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

(d) Street No. FRANK L. BOONE 2217 E. Portland,

3. (a) FULL NAME (b) If veteran name war (e) If foreign born, in U. S. A. yrs. (c) Social Security No. 526-03-0267 (If NONE write the word)

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

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

7. Birthdate of deceased June 17th, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	3	14	hrs. min.

9. Birthplace Howard, Kansas (City, town or county) (State or Country)

10. Usual Occupation Foreman for S.R.V. Water Users

11. Industry or Business

Father
12. Name William Boone
13. Birthplace New York (City, town or county) (State or Country)

Mother
14. Maiden Name Polly Anna -Unk.
15. Birthplace Iowa (City, town or county) (State or Country)

16. (a) Informant's own signature Ella M. Boone,
(b) Address 2217 E. Portland, Phx. Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 10-5th, 1940

18. (a) Embalmer's Signature C. Stanley Clegg,
(b) Funeral Director A.L. Moore & Sons,
(c) Address Phoenix, Arizona.

19. (a) October 4-1940 (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) Oct 1st. 1940, 19; TIME (Hour and minute) 4 P. M. M.

21. I hereby certify that I attended the deceased from Sept 17, 1940, to Oct 1st, 1940; that I last saw him alive on Oct 1st, 1940; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death: Surgical shock	24 hrs
Due to: Exploratory Laparotomy	
Due to: Carcinoma of stomach inoperable,	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Carcinoma of stomach	
Of autopsy: None permitted	

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

22. If death was due to external causes, fill in the following:
(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 Joseph M. Greer M.D.
Address Phoenix, Ariz. Date signed Oct 2-1940