

314

297

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 73

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (Rural) (c) Location Mesa (Rural)
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution --; In Community 47 Yrs.; In Arizona 47 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (Rural)
(If outside city limits also write RURAL)
(d) Street No. Rt. #1 Mesa, Arizona; (e) If foreign born, in U. S. A. --- yrs.
3. (a) FULL NAME Joseph William Bond Jr. (b) If veteran name war --- (c) Social Security No. 526-20-6709
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed Married
6. (b) Name of husband Pearl Bond 6. (c) Age of husband or wife, if alive --- yrs.
7. Birthdate of deceased June 29, 1893
(Month) (Day) (Year)
8. AGE: Years 47 Months 10 Days 1 If less than one day hrs. --- min. ---
9. Birthplace Mesa, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Plastering Contractor
11. Industry or Business _____
12. Name Joseph William Bond Sr.
13. Birthplace Utah
(City, town or county) (State or Country)
14. Maiden Name Prudence Richins
15. Birthplace Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Joseph Bond
(b) Address Mesa, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Arizona Date 5/4/41 1941

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) 5/16/41
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 30, 1941
TIME (Hour and minute) 10 P.M.
21. I hereby certify that I attended the deceased from March 30th
1941 to April 15th 1941
that I last saw him alive on April 15th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cause unknown
Due to _____
Due to _____
Other conditions Chronic gastritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
6 months
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 [Signature] M. D.
Address [Address] Date signed 5/15/41