

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 283
Registrar's No. 196

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 8 Hrs/; In Community 32 yrs; In Arizona 32 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. Roosevelt Road; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME John Clyde Entz (b) If veteran name war No (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>white</u>	6. (a) Single, married, widowed <u>Married</u> or divorced
6. (b) Name of husband <u>Grace Wood Entz</u> or wife		6. (c) Age of husband <u>65</u> or wife, if alive yrs.
7. Birthdate of deceased <u>Feb. 27, 1874</u> (Month) (Day) (Year)		
8. AGE: Years <u>67</u>	Months <u>9</u>	Days <u>18</u> If less than one day hrs. min.
9. Birthplace <u>Chillicothe, Ill.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Rancher</u>		
11. Industry or Business <u>Ranching</u>		
Father	12. Name <u>Elias Entz</u>	
	13. Birthplace <u>Cambridge, Ohio</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Francis Emma Stevens</u>	
	15. Birthplace <u>Penna.</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Jerome Woodcock</u>		
(b) Address <u>1134 S. WEST WOODLAND</u> <u>LOS ANGELES, CAL.</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Mesa, Ariz.</u> (c) Date <u>Dec. 17, 1941</u>		
18. (a) Embalmer's Signature <u>C. Sherman Gavelle</u>		
(b) Funeral Director <u>M. L. Gibbons</u>		
(c) Address <u>Mesa, Arizona</u>		
19. (a) <u>12-18-41</u> (Date received local Registrar)		
(b) <u>[Signature]</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 15, 1941;
TIME (Hour and minute) 8:30 P.M. M.
21. I hereby certify that I attended the deceased from Dec 15
1941 to Dec 15 1941;
that I last saw him alive on Dec 15, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death
cerebral Hemorrhage
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
1 day

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? _____ (c) Means of injury _____
23. Signature [Signature] M. D.
Address _____ Date signed Dec 18 1941