

654

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maverick

BUREAU OF VITAL STATISTICS

State Index No. 625

District _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 2096

Town Phoenix

Local Registrar's No. 5188

Or City _____

No. East Lake Sanatorium St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Emanuel Bender

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH Feb 12 1917
(Month) (Day) (Year)

DATE OF BIRTH Feb 16 1917
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 29 1917 to Feb 12 1917; that I last saw him alive on Feb 11 1917, and that death occurred on the date stated above at 2, 30th. The DISEASE or INJURY causing Death was as follows: Pulmonary and Laryngeal Tuberculosis

AGE 26 yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____

(Duration) _____ yrs. 8 mos. _____ days
Was disease contracted in Arizona? _____
If not, where? _____
CONTRIBUTORY Laryngeal Tuberculosis (Duration) 3 yrs. _____ mos. _____ days

OCCUPATION (a) Trade, profession or particular kind of work Electric
(b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE (State or country) New Jersey

NAME OF FATHER Sigmund Bender

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Handler

BIRTHPLACE OF MOTHER (State or country) Austria

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Herbert Bender

(Signed) W. W. Sumner (Address) Phoenix
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Address) Jeff California

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

PLACE OF BURIAL OR REMOVAL Forest Lawn DATE OF BURIAL OR REMOVAL Feb 30 1917

Former or Usual Residence Santa Barbara

UNDERTAKER Mohr, Duseco ADDRESS Phoenix

Filed Feb 2 1917 _____ Local Registrar

Filed Mar 5 1917 A. B. Nichols County Registrar

Raum

UNDERTAKERS, REGISTRARS AND PHYSICIANS NOTICE

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.