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STANDARD CERTIFICATE OF DEATH Arizona State Board of Health
BUREAU OF VITAL STATISTICS STATE FILE NO. 118

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 567
TOWNSHIP Phoenix OF VILLAGE Phoenix OR
CITY Phoenix NO. 167 ST. St. Wrights WARD
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME James H. Foster
(A) RESIDENCE: NO. Phoenix ST. Phoenix WARD Phoenix
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/5

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 45

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Bookkeeper

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Fire office

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 5/3/35 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Phoenix

13. NAME James H. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Phoenix

15. MAIDEN NAME James H. Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Phoenix

17. INFORMANT (ADDRESS) Phoenix

18. BURIAL, CREMATION, OR REMOVAL 5/3/35

19. EMBALMER (ADDRESS) Phoenix

20. FILED 56, 19 35 O. T. Murphy M.D. REGISTRAR

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/35

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Investigation 19 19 TO 19

I LAST SAW HIM ALIVE ON 5/1/35 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT Phoenix

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Gunshot wound head (Suicide)

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: None

NAME OF OPERATION None DATE OF None

WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? None

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE. DATE OF INJURY 5/1/35

WHERE DID INJURY OCCUR? Phoenix (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public Place

MANNER OF INJURY Gunshot (Suicide)

NATURE OF INJURY Gunshot (Suicide)

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? None

IF SO, SPECIFY (SIGNED) Thompson A. Ross M.D. (ADDRESS) Phoenix

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.