

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.

Dr. Thompkins  
Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 150 ✓  
REGISTERED NO. 130

1. PLACE OF DEATH  
 COUNTY Maricopa STATE ARIZONA  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Mesa NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 20 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE WHEN DEATH OCCURRED 40 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Don Alvah Rust  
 (A) RESIDENCE: NO. Mesa, Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie B. Rust

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1875

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
62 | 3 | 15

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Blanco (STATE OR COUNTY) Texas

13. NAME Joseph Rust

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

15. MAIDEN NAME Emma Ellegette

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

17. INFORMANT Lizzie B. Rust (ADDRESS) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Mesa, Arizona DATE 7-7-37, 1937

19. EMBALMER } LICENSE NO. 228  
 FUNERAL DIRECTOR } SIGNATURE R. N. Daybell  
Meldrum Mortuary  
Mesa, Arizona  
 ADDRESS \_\_\_\_\_

20. FILED July 15, 1937 REGISTRAR \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 4, 1937 TO July 4, 1937  
 I LAST SAW HIM ALIVE ON July 4, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6 P. M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Coronary thrombosis DATE OF ONSET unknown

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Angina pectoris

NAME OF OPERATION None DATE OF WHAT TEST CONFIRMED DIAGNOSIS Clinical WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
 IF SO, SPECIFY \_\_\_\_\_ (BIGNED) L. M. Thompkins M. D.  
Billie (ADDRESS) Abig

100-1-25-26-FORM 2-100% RAS  
 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION