

1560

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Cocconino State ARIZONA
District or Township FLAGSTAFF or Village
City Flagstaff Ariz No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Thomas A Rickel
(a) Residence No. 306 W Dale (Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE American 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of Anna Johann Rickel (or) WIFE of

6. DATE OF BIRTH (month, day and year) March 13-1865

7. AGE Years 68 Months 11 Days 15 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Merchant (b) General nature of industry, business or establishment in which employed (or employer) Clerking Clerical (c) Name of employer Rabbitt Bros Tr Co

9. BIRTHPLACE (city or town) Cincinnati, Ohio (State or country)

10. NAME OF FATHER William Rickel

11. BIRTHPLACE OF FATHER (State or country) Neustadt Germany (city or town)

12. MAIDEN NAME OF MOTHER Elizabeth Ranz

13. BIRTHPLACE OF MOTHER (State or country) Hesse Darmstadt, Germ (city or town)

14. Informant J. B. Rickel (Address) Flagstaff Ariz

15. Filed Mar 4 1932 G. F. Manning Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 28, 1932 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1932 to Feb. 28 1932 that I last saw him alive on Feb. 27, 1932

and that death occurred, on the date stated above, at 2 A. m. The CAUSE OF DEATH\* was as follows: Pulmonary embolism.

(duration) yrs. mos. 7 ds. CONTRIBUTORY Rt. popliteal thromb- phlebitis Hypostatic pneumonia and pleaurisy

(duration) yrs. mos. 3 ds.

18. Where was disease contracted If not at place of death? Did an operation precede death? No Date of Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy and course of disease (Signed) M. G. Brunshe M. D. 1932 (Address) Flagstaff Ariz

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL W. Lagstoff Mar. 2 1932

20. UNDERTAKER ADDRESS W. L. Conantou W. Lagstoff

MARGIN RESERVED FOR BINDING. 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. See instructions on back of certificate.