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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 451

1. PLACE OF DEATH
COUNTY Yavapai STATE ARIZONA REGISTERED NO. 299-B
TOWNSHIP Veterans' Administration Facility OR VILLAGE
CITY Whipple NO. 16 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: 10 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OR FOREIGN BIRTH: Approximately 2 years. YRS. 0 MOS. 0 DS.
2. FULL NAME Walter Matthew SMITH HOW LONG IN STATE WHEN DEATH OCCURRED: YRS. 0 MOS. 0 DS.
(A) RESIDENCE: NO. 413 N. 14th St., Phoenix, Arizona. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		
5A. IF MARRIED, HUSBAND OF <u>Mrs. Anna M. Smith, 413 N. 14th St., Phoenix, Arizona.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1895.</u>				
7. AGE		YEARS <u>40</u>	MONTHS <u>1</u>	DAYS <u>23</u>
IF LESS THAN 1 DAY, HRS. OR MIN.				
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Painter</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Unknown</u>			
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Unknown</u>			
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>---</u>				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hamilton, Ohio.</u>			
	13. NAME <u>Matthew J. Smith (deceased)</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hamilton, Ohio.</u>			
	15. MAIDEN NAME <u>Mary R. Roll (deceased)</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hamilton, Ohio.</u>				
17. INFORMANT <u>Walter M. Smith at time of admission to this facility, 9-14-35.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Govt. Cemetery, Whipple, Arizona.</u> DATE <u>Sept. 25, 1935.</u>				
19. EMBALMER (LICENSE NO. <u>200-A</u>) SIGNATURE <u>W. H. McLELLAN</u> FUNERAL DIRECTOR <u>W. H. McLELLAN</u> ADDRESS <u>143 S. Cortez St., Prescott, Ariz.</u>				
20. FILED <u>Sept 25, 1935</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 24, 1935</u>	
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>September 14, 1935</u> TO <u>September 24, 1935</u> . I LAST SAW HIM ALIVE ON <u>Sept. 24, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:00 a.m.</u>	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET <u>1935</u>
<u>Septicemia</u>	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
<u>Erysipelas, left leg and thigh</u>	<u>Unknown</u>
<u>Tenosynovitis, acute</u>	<u>"</u>
<u>Nephritis, interstitial, chr. severe</u>	<u>"</u>
<u>Adhesions, intestinal; ileocecal</u>	<u>1917</u>
NAME OF OPERATION	DATE OF
<u>Laboratory tests & clinical finding</u>	
WHAT TEST CONFIRMED DIAGNOSIS?	WAS THERE AN AUTOPSY? <u>NO</u>
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE. DATE OF INJURY <u>---</u> 19 <u>---</u> WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>---</u> MANNER OF INJURY <u>---</u> NATURE OF INJURY <u>---</u>	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY (SIGNED) <u>W. E. Chambers, M.D., Manager</u> (ADDRESS) <u>Vet. Adm. Facility, Whipple, Ariz.</u>	

10M-11-22-34-REP-GAZ PRINTERY—FORM 3