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STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH **Maricopa** County, State **ARIZONA** Registered No. **15-7**

Township **Phoenix** No. **St. Josephs Hospital** Ward _____

City **Phoenix** (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME **Raymond Ray Houser** How long in State when occurred? _____ yrs. _____ mos. _____ ds.

(a) Residence: No. **Scottsdale, Ariz.** St. _____ Ward _____ (If not resident give city, town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 _____

6. DATE OF BIRTH (month, day, and year) **Feb. 19, 1925**

7. AGE Years **12** Months **6** Days **1** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **School Boy**

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) (State or Country) **Okla.**

13. NAME **A. C. Houser**

14. BIRTHPLACE (city or town) (State or Country) **Okla.**

15. MAIDEN NAME **Annie Blackburn**

16. BIRTHPLACE (city or town) (State or Country) **Okla.**

17. INFORMANT **Father**

18. BURIAL, CREMATION, OR REMOVAL Place **Greenwood Cem** Date **7/22/37**

19. EMBALMER License No. **150-A** Signature **Henry T. Forman**

FUNERAL DIRECTOR **Arizona Funeral Home** Address _____

20. Filed **7-31**, 19**37** Registrar **James J. Houser** (Address) **Scottsdale, Ariz.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **July 20, 1937**

22. I HEREBY CERTIFY That I _____ deceased from **July 15, 1937** to **July 20, 1937**

last saw him alive on **July 19, 1937**; death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Appendicitis Date of Onset **7-14-37**

Other contributory causes of importance: **Acute yellow atrophy of liver** **7-18-37**

Name of operation **Appendectomy** Date of **7-17-37**

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? _____

If so, specify _____

(Signed) **Henry T. Forman** M. D. (Address) **Scottsdale, Ariz.**

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.