

2398

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.

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

1. PLACE OF DEATH
 COUNTY Maricopa STATE ARIZONA STATE FILE NO. 284
 TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 909
 CITY Phoenix

2. FULL NAME Watie Lee Houser NO. Good Samaritan
 (A) RESIDENCE: NO. Rt. 1 Box 1270 HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. MOS. DS.
 (USUAL PLACE OF ABODE) ST. _____ WARD _____ HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.
 (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) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 32

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.
4 5 26

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

13. NAME A. C. Houser
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) OKLA

15. MAIDEN NAME Annie Blackburn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Alabama

17. INFORMANT Father (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Forest Lawn DATE May 24, 1937

19. EMBALMER } LICENSE NO. 150-A
 FUNERAL DIRECTOR } SIGNATURE Henry J. Foman
 ADDRESS Arizona Funeral Home

20. FILED 6/1 1937 Henry J. Foman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23, 1937
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM May 22 1937 TO May 23, 1937
 I LAST SAW HIM ALIVE ON May 22, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:00 M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Dysentery (possibly bacillary) DATE OF ONSET 5/19/37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? 0 WAS THERE AN AUTOPSY? 0

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
 ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____
 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) Edwin Hoover M. D.
 (ADDRESS) 505 E. McDowell

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION