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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. It should be stated EXACTLY. PHYSICIAN'S USE OF DEATH IN PLAIN TERMS, so that it may be properly understood. CHURCH STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

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

1. PLACE OF DEATH  
 County Maricopa State Arizona State File No. 317  
 District or Township \_\_\_\_\_ or Village Peoria Local Registrar's No. 10  
 City XXXXXXXX No. Peoria, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Robert Wesley Wagoner  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 43 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 White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married  
 (Write the word)

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of Matilda Wagoner

6. DATE OF BIRTH (month, day and year) May 2, 1858

7. AGE Years 71 Months 7 Days \_\_\_\_\_  
 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Illinois  
 (State or country)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER Unknown  
 (State or country) (city or town)

14. Informant Matilda Wagoner  
 (Address) Peoria Ariz.

15. Filed 1-25-1930 Sam. R. Holbrook  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 20, 1930  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1929 to Jan 30, 1930  
 that I last saw him alive on Jan 30, 1930  
 and that death occurred, on the date stated above, at 7 A. M.  
 The CAUSE OF DEATH was as follows:  
Pericarditis with effusion

(duration) yrs. mos. 23 ds.

CONTRIBUTORY Valves weakened  
 (Secondary) (duration) one yrs. Six mos. ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What test confirmed diagnosis? None  
 (Signed) H. A. Busby, M. D.  
Jan 20 1930 (Address) Glendale  
 State the Disease Causing Death, or in deaths from Violent Cause, 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 Greenwood Mausoleum DATE OF BURIAL Jan. 23, 1930

20. UNDERTAKER A. E. MOORE & SONS ADDRESS \_\_\_\_\_