

1412

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. 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. 221
 District or Township _____ or Village _____ Local Registrar's No. 2828
 City Phoenix No. St. Joseph's Hospital Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME ALVAR EVERETT CROSBY
 (a) Residence, No. 708 W. Buchanan 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 17 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. Single
 (Write the word)

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Aug. 10, 1913

7. AGE Years 18 Months - Days 8
 IF LESS than day or min. hrs. min.

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

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

PARENTS

10. NAME OF FATHER L. E. Crosby
 11. BIRTHPLACE OF FATHER Calif.
 (State or country) (city or town)

12. MAIDEN NAME OF MOTHER Thomann
 13. BIRTHPLACE OF MOTHER Calif.
 (State or country) (city or town)

14. Informant Mr. L. E. Crosby
 (Address) 708 W. Buchanan

15. File Aug 27 1930 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 22, 1930
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1930 to Aug 22, 1930
 that I last saw him alive on Aug 22, 1930
 and that death occurred, on the date stated above, at 2 PM m.
 The CAUSE OF DEATH* was as follows:
Fracture skull
(Auto accident)
 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture femur of arm
Fracture of tibia (duration) _____ yrs. 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? Irregular pupils, rigidity
 (Signed) Harold J. Albrecht M. D.
307 E. W. Bell (Address) Phoenix
 * 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 Greenwood Cemetery DATE OF BURIAL Aug. 26, 1930
 20. UNDERTAKER A. L. MOORE AND SONS ADDRESS Phoenix, Ariz.