

2732

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. 125
 Town..... Seventh or Village.....
 City..... Phoenix No. Arizona State Hospital Ward.....
 Length of residence in city or town where death occurred..... yrs. 10 mos. 24 ds. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth..... mos. ds.

2. FULL NAME MAISH, CHARLIE
 (a) Residence: No. Tucson, Arizona 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 <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, widowed, or divorced HUSBAND of <u>Charlotte Valenzuela</u> (or) WIFE of | | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>7/26/1868</u> | | | | |
| 7. AGE | | | | |
| Years <u>65</u> | Months <u>8</u> | Days <u>7</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>Cattleman</u> | | | |
| | 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) <u>1932</u> 11. Total time (years) spent in this occupation..... | | | |
| 12. BIRTHPLACE (city or town) <u>Indianapolis, Indiana</u> | | | | |
| MOTHER, FATHER | 13. NAME <u>J. P. MAISH</u> | | | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Indiana</u> | | | |
| | 15. MAIDEN NAME <u>MARY BRANT</u> | | | |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Indiana</u> | | | |
| 17. INFORMANT <u>Hospital Records</u> (Address) <u>Phoenix, Arizona</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Asylum Cemetery</u> Date <u>5/8/1934</u> | | | | |
| 19. UNDERTAKER <u>Friends</u> (Address) <u>at Asylum Cemetery</u> | | | | |
| 20. Filed <u>5/8/1934</u> <u>Amie McGary</u> | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 21. DATE OF DEATH (month, day, and year) <u>May 3, 1934</u> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>June 9, 1933</u> to <u>May 3, 1934</u> I last saw him alive on <u>May 2, 1934</u> death is said to have occurred on the date stated above, at <u>12:50 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral syphilis.</u> Date of Onset <u>1 year</u> <u>Exfoliative dermatitis.</u> <u>4/12/34</u> Other contributory causes of importance: Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <u>None</u> 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? <u>No</u> If so, specify..... (Signed) <u>W. J. Curtis</u> M. D. (Address) <u>State Hospital, Phoenix</u> | |

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information