

MARGIN RESERVED FOR BINDING
 4. 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

State File No. 147
 Local Registrar's No. 3101

1. PLACE OF DEATH
 County Maricopa State Arizona
 District Township or Village _____
 City Phoenix No. 333 N 4th Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2. FULL NAME Harmon B. Fitzgerald
 (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 8 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Madeline Fitzgerald

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years 60 Months _____ Days _____ IF LESS than 1 day or _____ min.

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

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

10. NAME OF FATHER H. Fitzgerald

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

12. MAIDEN NAME OF MOTHER _____

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 7 1950
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1950 to 7th Nov, 1950, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, of _____, THE CAUSE OF DEATH* was as follows:
Pneumonia with asthma
 _____ (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
 18. Where was disease contracted _____ if not at place of death?
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? Pneumonia with asthma
 (Signed) Therese J. ..., M. D.
Nov 7 1950 (Address) 300 2nd St

* 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.)

Informant _____ (Address) _____
 19. PLACE OF BURIAL, CREMATION or REMOVAL _____
 20. UNDERTAKER W. H. ...
 DATE OF BURIAL _____
 ADDRESS _____
 Filed 11-7, 1950 3101 Registrar.