BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 462

Registered No. 255

1. PLACE OF DEATH

County Pima State Arizona

District or Township — or Village ..... or

City Tucson No. — St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Joseph Silverstein

(a) Residence, No. 422 N. Martin Ave. 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 ✓ yrs. 1 mos. ✓ ds. How long in U. S. if of foreign birth? 20 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
about	44	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Violin Maker

(b) General nature of industry, business or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

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)

14. Informant John T. Burke. (Address) Tucson, Arizona

15. Filed MAR 20 1928, 19 D1 Alvin Hirmse Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 18th 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Suicide by hanging

Edwin F. Jones

..... (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? .....

(Signed) Edwin F. Jones Coroner ~~M. D.~~

3/19/1928. (Address) Tucson, Ariz.

* 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 Detroit, Mich

DATE OF BURIAL MAR 20 1928

20. UNDERTAKER Reilly Undertaking Co.,

ADDRESS Tucson, Arizona

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.

FOR GENEALOGY USE ONLY