

1. PLACE OF DEATH

State File No. 500

County Pinal State \_\_\_\_\_

Local Registrar's No. 34

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Flagstaff No. Pinal Co Hospital St. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wallace H Smith

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

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH June 10 1930  
Month Day Year

6a. If married, widowed, or divorced HUSBAND or (or) WIFE Wallace N Smith

17. I HEREBY CERTIFY, that I attended deceased March 15, 1930 to June 10, 1930, that I last saw him alive on June 9, 1930 and that death occurred, on the date stated above, at 3:15 P. M. The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis

6. DATE OF BIRTH (month, day and year) March 13

7. AGE 4 Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular business \_\_\_\_\_  
(b) General occupation of industry, business or profession in which employed (employer) Ball Player  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

9. BIRTHPLACE (State or country) Pa

18. Where was disease contracted if not at place of death? Do not know

10. NAME OF FATHER Burtran Smith

Did an operation precede death? No Date of \_\_\_\_\_

11. BIRTHPLACE OF FATHER (State or country) Pa. (city or town) \_\_\_\_\_

Was there an autopsy? No  
What test confirmed diagnosis? Physicist's Report  
(Signed) Dr. T. H. ... M. June 10 1930 (Address) Flagstaff

12. NAME OF MOTHER Thomas ...

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

\* 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.)

14. Informant Mr. Wallace H. Smith  
(Address) Box 1000  
J. W. Martin Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Ray - Ariz DATE OF BURIAL June 11

15. Filed \_\_\_\_\_, 1930

20. UNDERTAKER [Signature] ADDRESS \_\_\_\_\_

Be properly classified. Enter statement of cause of death on back of certificate.