ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 129

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 88

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY: IN THIS PLACE 5 yrs; IN ARIZONA 5 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1626½ E. Van Buren

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1626½ E. Van Buren

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Charles; B. (MIDDLE) A.; C. (LAST) Duncan

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH Dec; DAY 6; YEAR 1883

8. AGE: YEARS 68; MONTHS 0; DAYS 29

IF UNDER 24 HOURS: HOURS; MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Plasterer

9B. KIND OF BUSINESS OR INDUSTRY: Building

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Scotland

11. CITIZEN OF WHAT COUNTRY?: USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.: yes

14A. FATHER'S NAME: unknown

14B. BIRTHPLACE (STATE OR COUNTRY): unknown

15A. MOTHER'S MAIDEN NAME: unknown

15B. BIRTHPLACE (STATE OR COUNTRY): unknown

16. INFORMANT'S SIGNATURE: Mrs. K. L. Wray — ADDRESS: Zionsville, Ind. ~~Phoenix, Arizona~~

17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 5, 1952

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Influenza — 1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM No Doctor in attendance THAT I LAST SAW THE DECEASED ALIVE ON ——, 19—— AND THAT DEATH OCCURRED AT about 1:45 A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Warren Reinsehl M.D.

23B. ADDRESS: Phoenix, Arizona

23C. DATE SIGNED: Jan. 5, 1952

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Jan 10, 1952

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.

25A. DATE REC'D BY LOCAL REG.: 1/10/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Stanley Clegg — ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE: James Sto Henry — CERT. NO. 310

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