"Two Affidavits Attached"

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 439

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 63

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 24 Yrs. IN ARIZONA 24 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1108 W. Magnolia

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 rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1108 W. Magnolia

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MAJOR B. (MIDDLE) C. (LAST) SINGLETON
4. SEX: Male
5. COLOR OR RACE: Negro
6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: XX
7. DATE OF BIRTH: MONTH 3 DAY 7 YEAR 1891
8. AGE: YEARS 59 MONTHS 9 DAYS 27
IF UNDER 24 HOURS: HOURS - MIN. -
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Genral Hire
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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. 526-16-1365
14A. FATHER'S NAME: Lucky Singleton
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Rose Anna Jarrett
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Major Singleton ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH (MONTH) JANUARY (DAY) 4, (YEAR) 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) Cardiac failure
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Long wasting disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bedfast 3 months

INTERVAL BETWEEN ONSET AND DEATH

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 Jan 4, 1952 TO Jan 4, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Jan. 4, 1952, AND THAT DEATH OCCURRED AT 8A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Harry Welch MD
23B. ADDRESS: Phoenix Arizona
23C. DATE SIGNED: Jan 4-52
24A. BURIAL XX CREMATION ☐ REMOVAL ☐
24B. DATE: Jan. 9, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 1/7/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: RAGSDALE MORTUARY ADDRESS: 1100 E. Jefferson St. PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: Hartwell W. Ragsdale II
CERT. NO 280R

FORM VS 2 REV. 3-50 15M