ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 824

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 493

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: 1m 13 d | IN ARIZONA: 25 yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Arizona State Hospital, Phoenix

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): ~~1725 E. Van Buren~~ 801 E. Monroe

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): Pat B. (MIDDLE): O'Neil C. (LAST): Coleman

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH: MONTH May DAY 16 YEAR 1896

8. AGE: YEARS 55 MONTHS 9 DAYS 4

IF UNDER 24 HOURS: HOURS / MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana

11. CITIZEN OF WHAT COUNTRY? U.S.

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.: None

14A. FATHER'S NAME: Reason C. ~~Xxxxxxx Xxxxx~~ Skomp

14B. BIRTHPLACE (STATE OR COUNTRY): ~~Xxxxxx~~ Ind.

15A. MOTHER'S MAIDEN NAME: ~~Xxxxxx~~ Lydia Lyle

15B. BIRTHPLACE (STATE OR COUNTRY): Ind. ~~Unknown~~

16. INFORMANT'S SIGNATURE: Arizona State Hospital Records, Phoenix ADDRESS

17. DATE OF DEATH (MONTH) February (DAY) 20, (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) Toxemia — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) Hepatic Cirrhosis

DUE TO (c) Cardiovascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Toxic Psychosis

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. 7, 19 52 TO Febr. 20, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON Febr. 20, 19 52 AND THAT DEATH OCCURRED AT 6:15 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.

23B. ADDRESS: 2500 E. Van Buren, Phoenix

23C. DATE SIGNED: 2-20-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Feb 22,1952

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

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

25A. DATE REC'D BY LOCAL REG.: 2/21/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

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

27. EMBALMER'S SIGNATURE: Fred Warren CERT. NO. 221

FORM VS 2 REV. 8-50/20M