ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 987

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 9

PLACE OF DEATH 80 AND 8

USUAL RESIDENCE 2

DECEDENT PERSONAL DATA 18

CAUSE OF DEATH (ITEM 18) 442

OPERATIONS AUTOPSY

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH

A. COUNTY: Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tempe Rural

C. LENGTH OF STAY IN THIS PLACE: 15 mos. IN ARIZONA: 15 mos.

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 9 N. 55th Place

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: Tempe Rural

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 9 N. 55th Place

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Daniel B. (MIDDLE): Boyer C. (LAST): Brickley

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED

7. DATE OF BIRTH: MONTH May DAY 23 YEAR 1869

8. AGE: YEARS 82 MONTHS 8 DAYS 21

IF UNDER 24 HOURS: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: steel mill

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania

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.: unk.

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: Ruth Olga Brickley, ADDRESS: 9 N 55 Pl

17. DATE OF DEATH (MONTH) February (DAY) 14 (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) apoplexy

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

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

DUE TO (b) Cardio-vascular-renal disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING 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 Mar 20, 1951 TO 2/14, 1952 THAT I LAST SAW THE DECEASED LIVE ON 2/14, 1952 AND THAT DEATH OCCURRED AT about 8A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: W S Boyer (DEGREE OR TITLE) Mech.

23B. ADDRESS: Tempe, Arizona

23C. DATE SIGNED: 2-15-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Feb 16, 1952

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

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

25A. DATE REC'D BY LOCAL REG.: 2/15/52

25B. REGISTRAR'S SIGNATURE: Rosalie Hammock Reg

26. FUNERAL DIRECTOR'S SIGNATURE: Stanley Clegg

27. EMBALMER'S SIGNATURE: W R Becker

ADDRESS: A. L. MOORE & SONS PHOENIX, CERT. NO. 34

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