ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1078

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 480

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix
C. LENGTH OF STAY IN THIS PLACE: Few min. IN ARIZONA: Life
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lateral 17 & Railroad

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): St. Johns
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): -Box---

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Gleason B. (MIDDLE): Richey C. (LAST): Sherwood
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: Oct 28 1924
8. AGE: 27 YEARS 3 MONTHS 19 DAYS
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): W W 2
13. SOCIAL SECURITY NO.: -----
14A. FATHER'S NAME: Lawrence P. Sherwood
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Clara Rogers
15B. BIRTHPLACE (STATE OR COUNTRY): Colorado
16. INFORMANT'S SIGNATURE: Mr. Byron Heap ADDRESS: Box 622 St. Johns, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): February 17, 1952

CAUSE OF DEATH (ITEM 18)

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) Multiple injuries
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Auto accident
DUE TO (c) T/e - train

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

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY): Accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Lat. 17 + SP-tracks
21C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix Ariz
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 2-17-52 12:30 a.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Auto + train Collision

MEDICAL & CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED 12:41 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Al J. Flood (DEGREE OR TITLE): Coroner
23B. ADDRESS: West Phoenix
23C. DATE SIGNED: 2-17-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 2-20-52
24C. NAME OF CEMETERY OR CREMATORY: St Johns Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona
25A. DATE REC'D BY LOCAL REG.: 2/19/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen ADDRESS: Phx. Ariz
27. EMBALMER'S SIGNATURE: L. M. Mortensen CERT. NO.: 261.

FORM VS 2 REV.