ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1615

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 619

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: life; IN ARIZONA: life

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 119 W. Almeria

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): 119 W. Almeria

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Neri B. (MIDDLE) C. (LAST) Osborn, Jr.

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH: MONTH Dec DAY 10 YEAR 1892

8. AGE: YEARS 59 MONTHS 2 DAYS 23

IF UNDER 24 HOURS: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Produce

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) WWI

13. SOCIAL SECURITY NO. unk.

14A. FATHER'S NAME: Neri F. Osborn

14B. BIRTHPLACE (STATE OR COUNTRY): Iowa

15A. MOTHER'S MAIDEN NAME: Marilla Murray

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Pearl Osborn ADDRESS: Phoenix, Ariz.

17. DATE OF DEATH (MONTH) March (DAY) 3 (YEAR) 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

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

DUE TO (b) Coronary arteriosclerosis — ?

DUE TO (c)

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

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?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 1946 TO 3 March 1952 THAT I LAST SAW THE DECEASED ALIVE ON 2 Feb 1952 AND THAT DEATH OCCURRED AT 6 A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Leslie B. Smith (DEGREE OR TITLE) MD

23B. ADDRESS: 926 E. McDowell, Phoenix

23C. DATE SIGNED: 3 March 52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Mar 6, 1952

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

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

25A. DATE REC'D BY LOCAL REG.: 3/6/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: B. L. Moore — ADDRESS: B. L. MOORE & SONS, PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE: W. R. Becker 311

FORM VS 2 REV. 2011

17 17 07 07 29 29 6 1 1 1 159 0 352 4201 0 0 0 4 + 8 5 2 290 609