ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2994

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Wickenburg
C. LENGTH OF STAY IN THIS PLACE: 1 day; IN ARIZONA: 12 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

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): Wickenburg Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 10 Mi. West. Highway 60-70

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Dwight B. (MIDDLE) Robert C. (LAST) Greer
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: MONTH Sept DAY 20 YEAR 1870
8. AGE: YEARS 81 MONTHS 8 DAYS 2
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Prospecting for gold
9B. KIND OF BUSINESS OR INDUSTRY: Prospecting
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Penn.
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unknown (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: Unknown
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: Friends ADDRESS
17. DATE OF DEATH (MONTH) May (DAY) 22 (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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Malnutrition — unknown
DUE TO (c) Senility — unknown

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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-21, 1952 TO 5-22, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 5-22, 1952 AND THAT DEATH OCCURRED AT 10:30 FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: William N. Henry, M.D. (DEGREE OR TITLE)
23B. ADDRESS: Wickenburg, Ariz.
23C. DATE SIGNED: 5-28-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 5-26-52
24C. NAME OF CEMETERY OR CREMATORY: Wickenburg
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
25A. DATE REC'D BY LOCAL REG.: 5-28-52
25B. REGISTRAR'S SIGNATURE: Naomi Coffinger
26. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger ADDRESS: Wickenburg Ariz.
27. EMBALMER'S SIGNATURE: H. L. Coffinger CERT. NO.: 189-A

FORM VS 2 REV. 2000