ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3628

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1492

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 19 Yrs. IN ARIZONA 19 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County Hospital

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) 1215 West Gilbert

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) TOLLIVER B. (MIDDLE) C. (LAST) EVANS

4. SEX Male

5. COLOR OR RACE Negro

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH MONTH June DAY 1 YEAR 1877

8. AGE YEARS 75 MONTHS 0 DAYS 26

IF UNDER 24 HOURS HOURS - MIN. -

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

9B. KIND OF BUSINESS OR INDUSTRY Farm

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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. —

14A. FATHER'S NAME James Evans

14B. BIRTHPLACE (STATE OR COUNTRY) Unknown

15A. MOTHER'S MAIDEN NAME Malandia

15B. BIRTHPLACE (STATE OR COUNTRY) Unknown

16. INFORMANT'S SIGNATURE Joe Evans ADDRESS Phoenix

17. DATE OF DEATH (MONTH) June (DAY) 27 (YEAR) 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4221
+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) Arteriosclerotic Cardio-Vascular Disease

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

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

INTERVAL BETWEEN ONSET AND 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 June 20, 1952 TO June 27, 1952 THAT I LAST SAW THE DECEASED ALIVE ON June 26, 1952 AND THAT DEATH OCCURRED AT 3:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Charles E. Henderson (DEGREE OR TITLE) MD

23B. ADDRESS County Hospital; Phoenix, Ariz.

23C. DATE SIGNED 27 June 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park

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

25A. DATE REC'D BY LOCAL REG. 7/2/52

25B. REGISTRAR'S SIGNATURE Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE RAGSDALE MORTUARY ADDRESS 1100 E. Jefferson St. PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE Hartwell W. Ragsdale

CERT. NO. 280R

FORM VS 2 REV. 20M

8201/05