ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5242

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2058

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 31 Yrs. IN ARIZONA: 31 Yrs.
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Saint Joseph Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): ~~Phoenix~~ 2146 W Virginia

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) ~~Bomarlot~~ Roland B. (MIDDLE) Razee (LAST)

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH MONTH: Aug. DAY: 8 YEAR: 1900
8. AGE (IN YEARS LAST BIRTHDAY): 52 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Proprietor
9B. KIND OF BUSINESS OR INDUSTRY: Poultry
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): W.W. II
13. SOCIAL SECURITY NO.: 526019790
14A. FATHER'S NAME: Sanford R. Razee
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Lida Johnson
15B. BIRTHPLACE (STATE OR COUNTRY): Iowa
16. INFORMANT'S SIGNATURE: Addebell Razee — ADDRESS: Phoenix, Arizona
17. DATE OF DEATH (MONTH) September (DAY) 24, (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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
DUE TO (B) as Glomerular Nephritis — 2 mos.
DUE TO (C)

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

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 [X] 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 _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT 1:25 p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): L. Beck M.D.
23B. ADDRESS: Phoenix Ariz.
23C. DATE SIGNED: 9-26-52

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: Sept. 26, 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.: 9/26/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. L. Moore & Sons
27. EMBALMER'S SIGNATURE: Robert W. Tracy
ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA
CERT. NO.: 282

FORM VS 3 REV. 4-15-52

CE OF DEATH AND AL RESIDENCE
DECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
OPERATIONS, AUTOPSY
DEATH DUE TO EXTERNAL VIOLENCE
MEDICAL OR CORONER'S RTIFICATION
FUNERAL DIRECTOR AND REGISTRAR