ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS.

STATE FILE NO. 7215

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2235 A

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1 mo. IN ARIZONA: 50 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): MARICOPA COUNTY HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 9 Capitol Way

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ABRAHAM B. (MIDDLE): LINCOLN C. (LAST): AMOS

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH — MONTH: Feb. DAY: 3 YEAR: 1874
8. AGE (IN YEARS LAST BIRTHDAY): 78 — IF UNDER 1 YEAR: MONTHS: 10 DAYS: 15 — IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
11. CITIZEN OF WHAT COUNTRY? USA
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: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs. Elsie West — ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): December 18, 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) Postoperative state + Inf. Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Urinary retention — 2 mos
DUE TO (C) Benign Prostatic Hypertrophy — 3 yrs.

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

OPERATIONS, AUTOPSY
19A. DATE OF OPERATION: 10-23-52 (10-28-52)
19B. MAJOR FINDINGS OF OPERATION: Pt. Hydrocele — Urinary Obstruction due to Prostatic Hyper.
20. AUTOPSY? YES [ ] NO [X]

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 Oct. 22, 1952, TO Dec. 18, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Dec. 17, 1952, AND THAT DEATH OCCURRED AT 8:25 a.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: F. X. Laubner MD — DEGREE OR TITLE:
23B. ADDRESS: Maricopa Co. Hospital
23C. DATE SIGNED: 12/19/52

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
24B. DATE: 12/21/52
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Lakeside, Arizona
25A. DATE REC'D BY LOCAL REG.: 12/20/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. H. McCallum Jr. — ADDRESS: Mesa, Ariz.
27. EMBALMER'S SIGNATURE: William D. Johnson — CERT. NO.: 331

FORM VS 2 REV. 4-15-52