

CERTIFICATE OF DEATH

REGISTRAR'S NO. 228

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)									
A. COUNTY		B. LENGTH OF STAY		IN THIS TOWN		IN ARIZONA		A. STATE		B. COUNTY					
C. CITY OR TOWN		IN CITY LIMITS		Phoenix		<input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		CALIF.		B. COUNTY					
D. FULL NAME OF HOSPITAL OR INSTITUTION		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Uccillo Convalescent Home				C. CITY OR TOWN		<input checked="" type="checkbox"/> OUTSIDE CITY LIMITS					
D. STREET ADDRESS		(IF RURAL, GIVE LOCATION)						WILLITS							
3. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST)			B. (MIDDLE)			C. (LAST)			4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
ANNIE MAE JAMES MCCONNELL			ANNIE			MAE			JAMES MCCONNELL			FEMALE	WHITE	WIDOWED	
6B. NAME OF SPOUSE			7. DATE OF BIRTH			8. AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 1 YEAR		IF UNDER 24 HRS.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)		
David			May 14 1889			65			MONTHS		DAYS		HOURS MIN.		
9B. KIND OF BUSINESS OR INDUSTRY			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			11. CITIZEN OF WHAT COUNTRY?			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)		13. SOCIAL SECURITY NO.				
			England			USA			NO		Unk				
14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)			15A. MOTHER'S MAIDEN NAME			15B. BIRTHPLACE (STATE OR COUNTRY)						
William James			England			Unk			England						
16. INFORMANT'S SIGNATURE			ADDRESS			17. DATE OF DEATH			18. CAUSE OF DEATH						
Evelyn Ward			1822 W. Moreland			Jan. 23, 1955			ENTER ONLY ONE CAUSE PER LINE FOR (C).						
									MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH			
									I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH†			2 WKS			
									(A) UREMIA						
									DUE TO (B) CHR. PYELO NEPHRITIS			UNKNOWN			
									DUE TO (C)						
									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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-4, 1955, TO 1-14, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 1-14, 1955, AND THAT DEATH OCCURRED AT 9:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.															
22A. SIGNATURE			22B. ADDRESS			22C. DATE SIGNED									
Rebecca M.D.			1313 N 2nd St			1-21-55									
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)									
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED			23F. HOW DID INJURY OCCUR?									
			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>												
24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED									
25A. BURIAL CREMATION REMOVAL		25B. DATE		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)									
<input checked="" type="checkbox"/>		Jan. 25, 1955		Greenwood		Phoenix, Ariz.									
26A. DATE REC. BY LOCAL REG.		26B. REGISTRAR'S SIGNATURE		27A. FUNERAL DIRECTOR'S SIGNATURE		27B. ADDRESS									
1/25/55		Beulah Johnson		Henry J. Roman											