

1728  
646

CERTIFICATE OF DEATH

|                                      |   |  |  |  |   |   |   |
|--------------------------------------|---|--|--|--|---|---|---|
| 17<br>DEATH<br>29<br>RESIDENCE<br>38 | 1. PLACE OF DEATH<br>A. COUNTY<br>Maricopa  |  | B. LENGTH OF STAY<br>IN THIS TOWN<br>22 yrs.<br>IN ARIZONA<br>22 yrs.                                  |  | 2. USUAL RESIDENCE<br>(WHERE DECEASED LIVED,<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION)<br>A. STATE<br>Arizona<br>B. COUNTY<br>Maricopa   |   |   |
|                                      | C. CITY OR TOWN<br>Phoenix  |  | <input type="checkbox"/> IN CITY LIMITS<br><input checked="" type="checkbox"/> OUTSIDE CITY LIMITS     |  | C. CITY OR TOWN<br>Phoenix<br><input checked="" type="checkbox"/> IN CITY LIMITS<br><input checked="" type="checkbox"/> OUTSIDE CITY LIMITS   |   |   |
|                                      | D. FULL NAME OF HOSPITAL OR INSTITUTION<br>Maricopa County General Hospital   |  |  |  | D. STREET ADDRESS<br>316 B Alzona Park  |   |   |
| ENT<br>VAL<br>A 147<br>4<br>355      | 3. NAME OF DECEASED<br>(TYPE OR PRINT)<br>THEODORE R. DOUGLAS   |  |  | 4. SEX<br>Male   | 5. COLOR OR RACE<br>White   | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br>Divorced |   |
|                                      | 6B. NAME OF SPOUSE<br>None  |  | 7. DATE OF BIRTH<br>MONTH DAY YEAR<br>Sept 11 1908   | 8. AGE (IN YEARS LAST BIRTHDAY)<br>47  | IF UNDER 1 YEAR<br>MONTHS DAYS  | IF UNDER 24 HRS.<br>HOURS MIN.                                      | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)<br>Produce box maker |
|                                      | 9B. KIND OF BUSINESS OR INDUSTRY<br>Box making  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br>Texas | 11. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)<br>NO | 13. SOCIAL SECURITY NO.<br>Unk.   |   |   |
|                                      | 14A. FATHER'S NAME<br>Edsworth Douglas  |  | 14B. BIRTHPLACE (STATE OR COUNTRY)<br>Illinois   | 15A. MOTHER'S MAIDEN NAME<br>Bickerson   |   | 15B. BIRTHPLACE (STATE OR COUNTRY)<br>Texas                         |   |
| IE<br>H<br>18)<br>0<br>0             | 16. INFORMANT'S SIGNATURE<br>Edgar Douglas (brother) Same   |  | 17. DATE OF DEATH<br>(MONTH) (DAY) (YEAR)<br>March 6 1955  |  | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br>HEPATITIS<br>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br>PLACE DISEASE CONTRACTED. |   |   |
|                                      | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) HEPATITIS<br>DUE TO (B)<br>DUE TO (C)<br>II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. GASTROINTESTINAL HEMORRHAGE |  |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>6 wks   |
|                                      | 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>               |
| AL<br>TION                           | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 7, 1955, TO March 6, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 3-5-55, 1955, AND THAT DEATH OCCURRED AT 12:25 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.  |  |  |  |   |   |   |
|                                      | 22A. SIGNATURE (DEGREE OR TITLE)<br>Charles R. Kuderum M.D.   |  | 22B. ADDRESS<br>Maricopa Co. Hospital, Phoenix   |  | 22C. DATE SIGNED<br>3-9-55  |   |   |
| EATH<br>JE TO<br>FERNAL<br>LENCE     | 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)  |  | 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 WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 23F. HOW DID INJURY OCCUR?  |   |   |
| R'S<br>TION                          | 24A. CORONER'S SIGNATURE  |  | 24B. ADDRESS   |  | 24C. DATE SIGNED  |   |   |
|                                      | 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>   |  | 25B. DATE<br>March 9, 1955   | 25C. NAME OF CEMETERY OR CREMATORY<br>Greenwood Memorial Park  |   | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br>Phoenix, Arizona   |   |
| AL<br>OR<br>AR<br>2<br>2             | 26A. DATE REC. BY LOCAL REG.<br>3/9/55  |  | 26B. REGISTRAR'S SIGNATURE<br>Sarah H. Taylor, Deputy  |  | 27A. FUNERAL DIRECTOR'S SIGNATURE<br>A. Lee Moore   |   | 27B. ADDRESS<br>A. L. MOORE & SONS<br>PHOENIX, ARIZONA  |