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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3191

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1206

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 4 mo; IN ARIZONA 55 yrs
C. CITY OR TOWN: PHOENIX ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sheltering Arms

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ
B. COUNTY: ~~MARICOPA~~ COCHISE
C. CITY OR TOWN: Lowell ~~PHOENIX~~ ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 3382

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Joel B. (MIDDLE) Benjamin C. (LAST) Hodges
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE: Lillie
7. DATE OF BIRTH: MONTH 6 DAY 6 YEAR 1882
8. AGE (IN YEARS LAST BIRTHDAY): 73
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): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Copper
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): SPANISH (IF YES, WAR OR DATES OF SERVICE): AMERICAN
13. SOCIAL SECURITY NO.: yes
14A. FATHER'S NAME: Royal Payne Hodges
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn
15A. MOTHER'S MAIDEN NAME: Adeline Ollat Nunn
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: Olivia V. Hinson ADDRESS: PHOENIX
17. DATE OF DEATH (MONTH) 5 (DAY) 6 (YEAR) 1956

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

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.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-4, 1956, TO 5-6, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 5-4, 1956, AND THAT DEATH OCCURRED AT 9p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Richard H. Wayne (DEGREE OR TITLE) M.D.
22B. ADDRESS: 4308 S. Central Ph
22C. DATE SIGNED: 5-7-56

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 5-8-56
25C. NAME OF CEMETERY OR CREMATORY: Evergreen
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Ariz.
26A. DATE REC. BY LOCAL REG.: 5/7/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Walter E. Bloom
27B. ADDRESS: Phoenix Ariz.

FORM VS.2 REV. 6-1-53 AMPCO 6/54 15M 78573

62 OF DEATH
AND 98
RESIDENCE
6495
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RSONAL 1
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4
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331 X
CAUSE
OF
DEATH 0
TEM 18) 0
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UTOPSY
EDICAL 1
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DEATH
DUE TO
EXTERNAL
VIOLENCE
RONER'S
IFICATION
UNERAL 85
RECTOR
AND 2
GISTRAR
155