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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4528

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1732

17 17 E OF DEATH 9 AND 29 L RESIDENCE X -

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 9 yrs. IN ARIZONA: 9 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): 2542 N. 28th Place

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 ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2542 N. 28th Place

DECEDENT 3 PERSONAL DATA 160 9 756

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) CHRISTOPHER C. (LAST) WEST
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Dec. DAY: 24 YEAR: 1895
8. AGE (IN YEARS LAST BIRTHDAY): 60 — 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): Retd. Steel Worker
9B. KIND OF BUSINESS OR INDUSTRY: Steel Co.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): England
11. CITIZEN OF WHAT COUNTRY? Canada
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.: Unk.
14A. FATHER'S NAME: Alfred West
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs. Shirley Waldo, (dau) ADDRESS: Same
17. DATE OF DEATH: JULY (MONTH) 9th (DAY) 1956 (YEAR)

CAUSE OF DEATH (ITEM 18) 4201 0 6

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immed
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Arteriosclerosis — yrs
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Emphysema — yrs

OPERATIONS, AUTOPSY 1
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 1
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-20, 1950 TO 7-9, 1956 THAT I LAST SAW THE DECEASED ALIVE ON 3-26, 1956 AND THAT DEATH OCCURRED AT 11:30 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: S. Romer, M.D. (DEGREE OR TITLE)
22B. ADDRESS: 926 E. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: July 10, 1956

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 1
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR 85 2 109
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 16, 1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 7/11/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: A. L. MOORE & SON, PHOENIX, ARIZ.

FORM VS-2 REV. 6-1-53 AMPCO 7568