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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4585

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1239

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 13yrs; IN ARIZONA: 13yrs
C. CITY OR TOWN: Cactus ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 12641 N22nd Pl

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Cactus ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 12641 N. 22nd Pl

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Leonard B. (MIDDLE) Bradford C. (LAST) Dillingham

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Harriet
7. DATE OF BIRTH — MONTH: 11 DAY: 7 YEAR: 1905
8. AGE (IN YEARS LAST BIRTHDAY): 50 — 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): Plasterer
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: 455-07-8945
14A. FATHER'S NAME: Sammuel Dillingham
14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
15A. MOTHER'S MAIDEN NAME: Louise Blankenstein
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Harriet Dillingham ADDRESS: 12641 N. 22nd Pl
17. DATE OF DEATH (MONTH) July (DAY) 10 (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) Gunshot wound of head
DUE TO (B) Apparently self inflicted
DUE TO (C)
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON ____ 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. 7-10, 19 56 THAT I LAST SAW THE DECEASED
22A. SIGNATURE (DE) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: 550 W. Thomas Road
22C. DATE SIGNED: 7-10-56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 12641 N. 22nd Pl.
23C. (CITY OR TOWN) (COUNTY) (STATE): Cactus Maricopa Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: July 10 1956
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Apparently Self inflicted gunshot wound in head

24A. CORONER'S SIGNATURE: Charles R. Schaefer
24B. ADDRESS: Ford Building 11 N. 2nd Ave.
24C. DATE SIGNED: 7-12-56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-13-1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 7/12/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Chester L. Hansen
27B. ADDRESS: Sunnyslope, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 77595

OF DEATH AND L RESIDENCE — X
ECEDENT ERSONAL DATA — 1 1 1 1 50 4 756
CAUSE OF DEATH (ITEM 18) — 976X 0 0
ERATIONS, UTOPSY — 1
MEDICAL TIFICATION — 1
DEATH DUE TO EXTERNAL VIOLENCE — 1
ORONER'S TIFICATION — 1
UNERAL IRECTOR AND EGISTRAR — 85 1 113