ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1960

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 898

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 15 yrs — IN ARIZONA: 15 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): 3715 W. Lincoln Street

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): 3715 W. Lincoln St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Annie B. (MIDDLE) Mary C. (LAST) SNEED
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ernest V.
7. DATE OF BIRTH — MONTH: Dec. DAY: 29 YEAR: 1891
8. AGE (IN YEARS LAST BIRTHDAY): 65
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At home
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): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO. 526-32-3570A
14A. FATHER'S NAME: William R. LITTLE
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Ellen AINSWORTH
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mr. Ernest V. SNEED (husband) — ADDRESS: 3715 W. Lincoln St. Phoenix, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): March 26, 1957

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) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease approx. 8 yrs
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension Grade IV — approx. 8 years

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April, 1953 TO Mar 26, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Mar 10, 1957, AND THAT DEATH OCCURRED AT about 3 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: James W. Moore (DEGREE OR TITLE) DO.
22B. ADDRESS: 2222 W. Glendale Ave Phx.
22C. DATE SIGNED: 3-26-57

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3-29-57
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3/28/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Jack Hanson
27B. ADDRESS: Grimshaw Mortuary
28. EMBALMER'S SIGNATURE: John R. Madden
28B. EMBALMER'S CERT. NO. 372

FORM VS-2 REV. 3-15-55 [illegible]1

E OF DEATH AND L RESIDENCE
ECEDENT ERSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
EDICAL IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION
UNERAL RECTOR AND GISTRAR