ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6176

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2326

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY IN THIS TOWN: 23 YR. IN ARIZONA: 23 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): 1320 E. MOHAVE

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MAR
C. CITY OR TOWN: PHOENIX
☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1320 E. MOHAVE
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) THOMAS B. (MIDDLE) ALVIN C. (LAST) SPRINGS
4. SEX: M
5. COLOR OR RACE: WH
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
6B. NAME OF SPOUSE: DECEASED
7. DATE OF BIRTH: MONTH JUNE DAY 6 YEAR 1879
8. AGE (IN YEARS LAST BIRTHDAY): 78
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): FARMER
9B. KIND OF BUSINESS OR INDUSTRY: FARM
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.: NONE
14A. FATHER'S NAME: UNK.
14B. BIRTHPLACE (STATE OR COUNTRY): UNK
15A. MOTHER'S MAIDEN NAME: UNK.
15B. BIRTHPLACE (STATE OR COUNTRY): UNK
16. INFORMANT'S SIGNATURE: Ben T. Dutton ADDRESS: 1320 E. MOHAVE
17. DATE OF DEATH (MONTH) SEPT. (DAY) 5 (YEAR) 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO (B) Carcinoma of Prostate — 10 yrs.
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 5/29/44, 19__, TO 9/5/57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 9/5/57, 19__, AND THAT DEATH OCCURRED AT 10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: P. L. Johnson, M.D. (DEGREE OR TITLE)
22B. ADDRESS: 366 E. Alvarado Rd.
22C. DATE SIGNED: 9/6/57

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-7-57
25C. NAME OF CEMETERY OR CREMATORY: MEMORY LAWN
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX - ARIZ.
26A. DATE REC. BY LOCAL REG.: 9/6/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: R. C. Cannon
27B. ADDRESS: 21 W. CAMELBACK

FORM VS-2 REV. 8-1-53 AMPCO 77595