ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7630

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3095

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 29 Yrs; IN ARIZONA 29 Yrs
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS; XX ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County Gen. Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS; XX ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 3446 W. Krall (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) LEONARD C. (LAST) BRADFORD
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Feb DAY 19, YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY): 56 — 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): Auto Upholster
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Georgia
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.: 526 01 8107
14A. FATHER'S NAME: James Bradford
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn
15A. MOTHER'S MAIDEN NAME: Susie Thompson
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn
16. INFORMANT'S SIGNATURE: Bobie J. Jones, Daughter, Phoenix, Ariz — ADDRESS
17. DATE OF DEATH: November (MONTH) 27 (DAY) 1957 (YEAR)

**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) Pulmonal Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (B) atherosclerosis
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.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 21, 1957 TO Nov. 27, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Nov. 21, 1957 AND THAT DEATH OCCURRED AT 3:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: A. W. Tate MD (DEGREE OR TITLE)
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 11-27-57

**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 XX CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 29, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix,
26A. DATE REC. BY LOCAL REG.: 11/29/57
26B. REGISTRAR'S SIGNATURE: Beulah J. Luster
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry L. Forman
27B. ADDRESS:
28. EMBALMER'S SIGNATURE: Henry L. Forman
28B. EMBALMER'S CERT. NO.

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