ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7103

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2912

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 18 days; IN ARIZONA 35 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): Veterans' Administration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Tempe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2010 Apache Blvd.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WALTER B. (MIDDLE) E. C. (LAST) BROOKS

4. SEX: M **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Cloe G. Brooks

7. DATE OF BIRTH: MONTH 7 DAY 20 YEAR 23

8. AGE (IN YEARS LAST BIRTHDAY): 35 — 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): Station attendant

9B. KIND OF BUSINESS OR INDUSTRY: — —

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Colorado

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW II

13. SOCIAL SECURITY NO.: 527-18-1419

14A. FATHER'S NAME: Robert E. Brooks

14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky

15A. MOTHER'S MAIDEN NAME: Carrie Miller

15B. BIRTHPLACE (STATE OR COUNTRY): Missouri

16. INFORMANT'S SIGNATURE AND ADDRESS: VA Hospital Records, Phoenix, Arizona

17. DATE OF DEATH: (MONTH) OCTOBER (DAY) 24, (YEAR) 1958

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) Chronic pyelonephritis with uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hydronephrosis, bilateral — 4 years
DUE TO (C) Congenital ureteral stenosis, bil. — 35 years

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Hypertensive cardiovascular disease — 4 years

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-6, 19 58 TO 10-24, 19 58, AND THAT DEATH OCCURRED AT 8:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): HOWARD E. LISTON, M.D., Actg. Chief, Medical Service
22B. ADDRESS: VA Hospital, Phoenix, Arizona
22C. DATE SIGNED: 10-27-58

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: 10-27-58
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 10/27/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Toman
27B. ADDRESS
28. EMBALMER'S SIGNATURE: Henry J. Toman
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 3-15-53

7 97 / E OF DEATH / AND 3 / L RESIDENCE 0047 / 1 / 1 / ECEDENT / ERSONAL DATA 135 / 4 / 058 / 7573 CAUSE OF DEATH (ITEM 18) 0 0 / ERATIONS, UTOPSY 2 / 1 / MEDICAL TIFICATION 2 / DEATH DUE TO EXTERNAL VIOLENCE / CORONER'S TIFICATION 1 / UNERAL DIRECTOR AND EGISTRAR 2 85 / 133