ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7954

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3081

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 yrs. IN ARIZONA 1 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): Memorial Hospital

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): 44 E. Washington
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GARRETT B. (MIDDLE) C. (LAST) McKINDEY
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Margaret McKinney
7. DATE OF BIRTH: MONTH April DAY 24 YEAR 1906
8. AGE (IN YEARS LAST BIRTHDAY): 52
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): Unk.
9B. KIND OF BUSINESS OR INDUSTRY: Unk.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unk. (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Dillard McKinney
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Henrietta Tipton,
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Margaret Mc Kinney, (wife) ADDRESS: Ohio
17. DATE OF DEATH: (MONTH) NOVEMBER (DAY) 6th, (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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Toxemia — 1 wk.
DUE TO (C) Abscess of osteomyelitis L. heel — 1-2 mos.
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old traumatic deformity L. ankle. — 6 yrs

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 19 52 TO 11/5/58 19 THAT I LAST SAW THE DECEASED ALIVE ON 11/5/58 19 AND THAT DEATH OCCURRED AT 1:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John Rieker (DEGREE OR TITLE) MD
22B. ADDRESS: 926 E. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: Nov. 8, 1958

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) 12 : 852 M
23E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Fell.

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 12, 1958
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 11/12/58
26B. REGISTRAR'S SIGNATURE: Beulah Schuster
27A. FUNERAL DIRECTOR'S SIGNATURE: C. La Magne
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: Just F. Kamm
28B. EMBALMER'S CERT. NO. 326

FORM VS-2 REV. 3-15-55 15M INPCO 16856

CE OF DEATH 17 AND 29 AL RESIDENCE 0317
DECEDENT PERSONAL DATA 1 1 1 1 52 7 X58
CAUSE OF DEATH (ITEM 18) 962 X 0 0
ERATIONS, AUTOPSY 1
MEDICAL TIFICATION 29 17 1
DEATH DUE TO EXTERNAL VIOLENCE 1
ORONER'S TIFICATION 1
UNERAL DIRECTOR AND EGISTRAR 9 35 2 167