ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4389

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1910

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 6 mos. IN ARIZONA 6 mos.
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): Downtown Hotel 23 E. Washington St. Downtown Hotel

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILLIAM B. (MIDDLE) C. (LAST) BERRY
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Jan. DAY 16 YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY): 58
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): None (Blind)
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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. 030-01-3735
14A. FATHER'S NAME: R. A. Berry
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Harriet Aldred
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs. Theresa Heckla, (sister) ADDRESS: Los Angeles, Calif.
17. DATE OF DEATH (FOUND): JUNE (MONTH) 17th. (DAY) 1959 (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* (A) Diabetes Mellitus
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____ 19__ AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. (ALIVE ON ____ 19__)
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 6-17-59 THAT I LAST SAW THE DECEASED ALIVE ON 6-17-59 AT 11:00 A.M. (DEATH)
21A. SIGNATURE: [signature]
MARICOPA COUNTY MEDICAL EXAMINER
21B. ADDRESS: Phoenix, Arizona
21C. DATE SIGNED: 6-17-59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
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: Adrian Westfall, Coroner
24B. ADDRESS: 15 No. 2nd Ave.
24C. DATE SIGNED: 6-17-1959

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: June 20, 1959
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Provo, Utah

26A. DATE REC. BY LOCAL REG.: 6/19/59
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. La Mone
27B. ADDRESS: 833 W. Adams St.
28A. EMBALMER'S SIGNATURE: Tyler Hayes
28B. EMBALMER'S CERT. NO. 269A

FORM VS-2 REV. 3-13-55 15M AMPCO 22909

OF DEATH 17 / AND 29 / RESIDENCE
EDENT 2 / SONAL 158 / ATA 6 / 659
60X / AUSE OF EATH EM 18) 0 / 0
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EDICAL FICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S FICATION 1
NERAL ECTOR AND ISTRAR 2 / 83 / 2 / 26