ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6851

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2688

1. PLACE OF DEATH
A. COUNTY MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 19 yrs; IN ARIZONA 40 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): 2213 E. Glenrosa

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): 2213 E. Glenrosa
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) YANCEY B. (MIDDLE) MADISON C. (LAST) MARTIN,

4. SEX: MALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 6 DAY 26 YEAR 1894
8. AGE (IN YEARS LAST BIRTHDAY): 65 — 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): Retired
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ATLANTA, GA.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): W.W. I & W.W. II
13. SOCIAL SECURITY NO.: 527 12 3077
14A. FATHER'S NAME: YANCY MADISON MARTIN
14B. BIRTHPLACE (STATE OR COUNTRY): U.S.A.
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Roy Lowry Jr. — ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH: (MONTH) SEPT. (DAY) 2 (YEAR) 1959

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) Myocardial Infarction
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Thrombosis
DUE TO (C) Hypertensive Cardiovascular
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
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 June 3, 19 59 TO Sept 2, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON Aug 31, 19 59 AND THAT DEATH OCCURRED AT Appx. 1.30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Darrell A. Ullo M.D. (DEGREE OR TITLE)
22B. ADDRESS: 2302 E. Indian School
22C. DATE SIGNED: 9-3-59

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-5-59
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 9/4/59
26B. REGISTRAR'S SIGNATURE: Maricopa County Dept
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry T. Forman
27B. ADDRESS: Phoenix, Ariz.
28A. EMBALMER'S SIGNATURE: Henry T. Forman
28B. EMBALMER'S CERT. NO.: 150-A

FORM VS-2 REV. 3-13-55 1 15M AMPCO 22509
Arizona Funeral Home