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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9602

CERTIFICATE OF DEATH

BIRTH NO. 1-571

REGISTRAR'S NO. 303

1. PLACE OF DEATH
A. COUNTY: Navajo
B. LENGTH OF STAY: IN THIS TOWN 1day; IN ARIZONA 1mo.
C. CITY OR TOWN: Holbrook — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 607 West Buffalo

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 326 N. Westwood
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Robert B. (MIDDLE) Duane C. (LAST) Brimhall
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Infant
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Oct DAY 29 YEAR 1959
8. AGE (IN YEARS LAST BIRTHDAY): 0
IF UNDER 1 YEAR: MONTHS 1mo. DAYS 23da. IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Larry Duane Brimhall
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Helen K. Bunch
15B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
16. INFORMANT'S SIGNATURE: Mrs. Larry Brimhall 326N. Westwood Mesa, Arizona
17. DATE OF DEATH: December (MONTH) 29 (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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Fractured bronchio-pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: unknown
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 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 [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM DOA, 19__ TO 19__ THAT I LAST SAW THE DECEASED ALIVE ON 19__ AND THAT DEATH OCCURRED AT 4:45 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Wm Zitterson, MD — DEGREE OR TITLE — 22B. ADDRESS: Holbrook, Ariz. — 22C. DATE SIGNED: 30 Dec 59

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Dec. 23, 1959
25C. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Taylor, Navajo, Arizona
26A. DATE REC. BY LOCAL REG.: 12/30/59
26B. REGISTRAR'S SIGNATURE: Ruby M. Cross
27A. FUNERAL DIRECTOR'S SIGNATURE: Alcorn Mortuary — Robert L. Alcorn
27B. ADDRESS: Holbrook, Ariz.
28A. EMBALMER'S SIGNATURE: Robert L. Alcorn
28B. EMBALMER'S CERT. NO.: 290A

FORM VS-2 REV. 3-15-55 — 1 M AMPCO 82508