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CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH  
AND  
RESIDENCE  
17  
29  
1374

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 5yrs IN ARIZONA 5yrs		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Lincoln Hospital				D. STREET (IF RURAL GIVE LOCATION) 12815 N 23rd St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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3. NAME OF DECEASED (TYPE OR PRINT) Marion A. Felder			4. SEX Fe.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE Leon		7. DATE OF BIRTH MONTH DAY YEAR 8 14 1914	8. AGE (IN YEARS) LAST BIRTHDAY) 45	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) Secretary
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. 118-09-0457		
14A. FATHER'S NAME Wilbur Andrews		14B. BIRTHPLACE (STATE OR COUNTRY) New York	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
16. INFORMANT'S SIGNATURE Leon Felder 12815 N. 23rd St. Phoenix			17. DATE OF DEATH January 1 1960			

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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) <u>Bronchial Asthma</u>  DUE TO (B)  DUE TO (C)	
PLACE DISEASE CONTRACTED.	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

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OPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [HEREBY CERTIFY THAT I EXAMINED THE BODY] 1/2 1960 THAT I LAST SAW THE DECEASED ALIVE ON [DATE] AND THAT DEATH OCCURRED AT [TIME] 3:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <i>Thurman L. Davis</i>	22B. ADDRESS Phoenix	22C. DATE SIGNED 1/2/60

DEATH  
DUE TO  
EXTERNAL  
/IOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE App 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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY = = = = =	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? = = = = =

NER'S  
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24A. CORONER'S SIGNATURE <i>Charles J. ...</i>	24B. ADDRESS Phoenix, Arizona	24C. DATE SIGNED 1/5/1960
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 1-7-60	25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
26A. DATE REC. BY LOCAL REG. 1/7/60	26B. REGISTRAR'S SIGNATURE <i>Charles J. ...</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Walter L. Hansen</i>	27B. ADDRESS Lundberg-Hansen Mortuary Sunnyslope

28A. EMBALMER'S SIGNATURE <i>Thurman L. Davis</i>	28B. EMBALMER'S CERT. NO. 389
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