PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1943

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1128

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 5yr; IN ARIZONA: 5yr
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): ST. JOSEPH 350 W THOMAS Rd

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): 2612 W MULBERRY
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GREGORY B. (MIDDLE) MYLO C. (LAST) ANDERSON
4. SEX: M
5. COLOR OR RACE: CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): CHILD
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 12 DAY: 11 YEAR: 1948
8. AGE (IN YEARS LAST BIRTHDAY): 12 — 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): —
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): FAIRBAULT MINN
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): — (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: MYLO O. ANDERSON
14B. BIRTHPLACE (STATE OR COUNTRY): LONDSDALE N.D
15A. MOTHER'S MAIDEN NAME: MA DENE BOLL
15B. BIRTHPLACE (STATE OR COUNTRY): CUSHING OKL
16. INFORMANT'S SIGNATURE: Mylo O Anderson — ADDRESS: 2612 W MULBERRY AZ
17. DATE OF DEATH (MONTH) MARCH (DAY) 24 (YEAR) 1961

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH:
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Chronic nephritis — 3 yrs
DUE TO (C)
II. OTHER SIGNIFICANT 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 ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 4, 1960 TO Mar 24, 1961 THAT I LAST SAW THE DECEASED ALIVE ON Mar 23, 1961 AND THAT DEATH OCCURRED AT 3:45 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Melvin L Cohen MD (DEGREE OR TITLE)
22B. ADDRESS: 2023 W. Bethany Home
22C. DATE SIGNED: 3-24-61

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3-28-61
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEMETERY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX, ARIZONA
26A. DATE REC. BY LOCAL REG.: 3/28/61
26B. REGISTRAR'S SIGNATURE: Russell J. Lusta
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip E Allen
27B. ADDRESS: Phoenix, Ariz
28A. EMBALMER'S SIGNATURE: Philip E Allen
28B. EMBALMER'S CERT. NO.: 312

FORM VS-2 REV. 3-15-55 25M ARCO 26302
Northwest Mortuary