ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2984

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1408

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 15yrs IN ARIZONA: 15yrs
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): Maricopa County General Hospital

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): 806 N 11th Ave
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RUSSELL B. (MIDDLE) NMI C. (LAST) BAY
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: none
7. DATE OF BIRTH: MONTH 8 DAY 18 YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 77 IF UNDER 1 YEAR: MONTHS 7 DAYS 28 IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Uk
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mo.
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.: Uk
14A. FATHER'S NAME: Samuel P Bay
14B. BIRTHPLACE (STATE OR COUNTRY): Mo.
15A. MOTHER'S MAIDEN NAME: Sara Yokum
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: Perry Carmaen ADDRESS: Phx. Ariz.
17. DATE OF DEATH (MONTH) APRIL (DAY) 16TH (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) Bronchopneumonia — 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) Pulmonary emphysema with fibrosis
DUE TO (C) Bronchial asthma
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, general

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 5th, 19 61 TO April 16th, 19 61 THAT I LAST SAW THE DECEASED ALIVE ON April 16th, 19 61 AND THAT DEATH OCCURRED AT 7:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE)
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 4-17-61

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
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-19-61
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Pk.
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phx. Ariz.
26A. DATE REC. BY LOCAL REG.: 4/18/61
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Val Clontz
27B. ADDRESS: Phx
28A. EMBALMER'S SIGNATURE: Val Clontz
28B. EMBALMER'S CERT. NO.: 314

FORM VS-2 REV. 8-9-60 - 25M
Camelback Funeral Home

OF DEATH AND RESIDENCE
CEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS AUTOPSY
EDICAL FICATION
DEATH DUE TO EXTERNAL VIOLENCE
ONER'S FICATION
NERAL ECTOR AND ISTRAR