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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____
Registrar's No. 630a

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix, (If outside city limits also write RURAL) (c) Location Good Samaritan Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution One week; In Community 28 Yrs.; In Arizona 28 Yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona.; (b) County Maricopa; (c) City or Town Phoenix, (If outside city limits also write RURAL); (e) If foreign born, in U. S. A. ____ yrs.

(d) Street No. 1638 W. Wilshire (b) If veteran name war. ____ (c) Social Security No. None (If NONE write the word)

3. (a) FULL NAME FRANK C. MADISON

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife: Fay Madison
6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Dec. 2nd, 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
32	10	29	hrs. ____ min. ____

9. Birthplace Clarendon, Texas (City, town or county) (State or Country)

10. Usual Occupation Mgr. City Golf Course and
11. Industry or Business Proffesional Golfman

Father
12. Name Charles Madison
13. Birthplace Alabama (City, town or county) (State or Country)

Mother
14. Maiden Name Bertha Lemper
15. Birthplace Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Fay Madison, wife,
(b) Address 1638 W. Wilshire, Phx. Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Cem. (c) Date 11-4-40 19

18. (a) Embalmer's Signature C. Stanley Clegg,
(b) Funeral Director A. L. Moore & Sons,
(c) Address Phoenix, Arizona.

19. (a) November 5, 1940 (Date received local Registrar)
(b) James L. Johnson (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 1st, 1940, 19____;
TIME (Hour and minute) 6 P. M. M.

21. I hereby certify that I attended the deceased from Oct 15 1940, 19____ to now, 1940, 19____;
that I last saw him alive on now 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism (Left)

Due to ? Convalescing from simple appendectomy

Due to Death occurred 9 the P.O. day after pt was up in chair.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations chronic appendicitis

Of autopsy Embolism Left Pulmonary artery

DURATION 40 minutes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Patterson M. D.
Address 826 Security Bldg Phoenix Ariz. Date signed 11-4-40