2472

Dr. O. C. West

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

225

State File No.
Registrar's No. 1116

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix. (If outside city limits also write RURAL) (c) Location 1628 W. Adams (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 28 Yrs. (Specify whether years, months or days); In Arizona 28 Yrs.

2. Usual Residence of Deceased: (a) State Arizona. ; (b) County Maricopa ; (c) City or Town Phoenix. (If outside city limits also write RURAL)

(d) Street No. 1628 W. Adams ; (e) If foreign born, in U. S. A. ..... yrs.

3. (a) FULL NAME Mr. Daniel L. Eddy (b) If veteran name war No. (c) Social Security No. None (If NONE write the word)

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

6. (b) Name of husband or wife Mary S. Eddy 1937 Deceased | 6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Feb. 2nd, 1849 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	6	20	hrs. ..... min. .....

9. Birthplace Albion, New York (City, town or county) (State or Country)

10. Usual Occupation Retired Druggist & School Teacher

11. Industry or Business

Father
12. Name Asa L. Eddy
13. Birthplace Preston, Conn. (City, town or county) (State or Country)

Mother
14. Maiden Name Lucy Mack
15. Birthplace New York State (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Fred McDaniel,
(b) Address Kirkland, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Cemetery (c) Date 8-26-41 19

18. (a) Embalmer's Signature Frank S. Bueler,
(b) Funeral Director A.L.Moore & Sons,
(c) Address Phoenix, Arizona.

19. (a) AUG 26 1941 (Date received local Registrar)
(b) John Chiavetta Mor (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 22nd, 1941, 19 ; TIME (Hour and minute) 9:30 a. m.

21. I hereby certify that I ~~attended the deceased from~~ Investigated the death of and examined body of the deceased ~~that I last saw him alive~~ on 8-22-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage brain & shock.

Due to Gunshot wound of heal

Due to Self infliction

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) Suicide
(b) Date of occurrence 8-22-1941.
(c) Where did injury occur? Phoenix Maricopa Co (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? residence of deceased (Specify type of place)
While at work? no (e) Means of injury Gunshot wound

23. Signature O. C. West M. D.
Address MEDICAL EXAMINER MARICOPA COUNTY PHOENIX, ARIZONA Date signed 8-25-41