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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 101

1. Place of Death: (a) County Graveston (b) City or Town Thatcher (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 40 yrs; In Arizona 40 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graveston; (c) City or Town Thatcher
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. _____ yrs.
3. (a) FULL NAME David D. Phillips (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Kellee Phillips 6. (c) Age of husband or wife, if alive 60 yrs.
7. Birthdate of deceased Jan 5 1882
(Month) (Day) (Year)
8. AGE: Years 59 Months 10 Days 26 If less than one day
hrs. _____ min. _____
9. Birthplace Utah
(City, town or county) (State or Country)

10. Usual Occupation Postmaster
11. Industry or Business _____
Father { 12. Name Edward Phillips
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Delina Layton
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature John Michelson
(b) Address Thatcher Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Thatcher (c) Date Dec 3, 1941

18. (a) Embalmer's Signature _____
(b) Funeral Director W. C. Ransom
(c) Address Superior Ariz

19. (a) January 9, 1942
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Dec 1, 1941;
TIME (Hour and minute) 9-30 A.M.
21. I hereby certify that I attended the deceased from Nov 30 to Dec 1, 1941;
that I last saw him alive on Dec 30, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
Due to Arterial Sclerosis and Hypertension
Due to _____
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) _____
(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 _____
Signature [Signature] M. D. _____
Address Superior Ariz Date signed 12/12/41