

150

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

139

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 1563

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Joseph's Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 5 days; In Community 10 Years; In Arizona 10 Years  
(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)  
(d) Street No. 3741 E. Polk Street; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
3. (a) FULL NAME Milton B. Aycock (b) If Veteran name war No (c) Social Security No. 527-01-4374

4. Sex MALE 5. Race White 6. (a) Single, married, widowed or divorced married  
 White  Indian  Negro  Oriental  White  
6. (b) Name of husband or wife Juanita 6. (c) Age of husband or wife, if alive... yrs. \_\_\_\_\_  
7. Birthdate of deceased March 31, 1908  
(Month) (Day) (Year)  
8. AGE: Years 38 Months 5 Days 5 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Rogers, Texas  
(City, town or county) (State or Country)  
10. Usual Occupation Electrician  
11. Industry or Business Kyers-Lieber Sign Company  
Father { 12. Name Bruce Aycock  
13. Birthplace Rogers, Texas  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Bessie Stephens  
15. Birthplace Tennessee  
(City, town or county) (State or Country)

16. (a) Informant's own signature James W. Aycock  
(b) Address Clovis, New Mexico  
17. (a) Burial, Cremation or Removal burial  
(b) Place Greenwood (c) Date 9-7-46 19\_\_\_\_  
18. (a) Embalmer's Signature Leo Mussbaum  
(b) Funeral Director H. L. Murphy  
(c) Address Whitney Funeral Home, Phoenix

19. (a) SEP 9 1946  
(Date received Local Registrar)  
(b) Leo J. Hughes  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-5-46, 19\_\_\_\_  
TIME (Hour and minute) 10:15 P.M.  
21. I hereby certify that I attended the deceased from 7-8-46  
\_\_\_\_\_, 19\_\_\_\_ to 9-5-46, 19\_\_\_\_  
that I last saw him alive on 9-5-46, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death Encephalitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertension + Chr. nephritis  
(Include pregnancy within three months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Encephalitis + terminal Broncho pneumonia

DURATION 1 wk  
PHYSICIAN several months  
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 F. R. Ober M. D.  
Address Phoenix, Ariz Date signed 9-7-46