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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. ____
Registrar's No. 1053

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

(d) Length of Stay: In Hospital or Institution 1 week; In Community 1 week; In Arizona 59 yrs (Specify whether years, months or days)

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

(d) Street No. Thatcher; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Rudger Phillips (b) If veteran name war ____ (c) Social Security No. ____

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Nancy
6. (c) Age of husband or wife, if alive 59 yrs.
7. Birthdate of deceased January 6, 1887 (Month) (Day) (Year)
8. AGE: Years 60 | Months 5 | Days 2 | If less than one day hrs. ____ min. ____
9. Birthplace Kaysville, Utah (City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business ____

Father
12. Name Edward Charles Phillips
13. Birthplace Salt Lake City Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Selena Layton
15. Birthplace Carson City, Nevada (City, town or county) (State or Country)

16. (a) Informant's own signature Nancy Phillips
(b) Address Box 201 Thatcher, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Thatcher (c) Date 6/10/47 19__

18. (a) Embalmer's Signature L M Mortensen
(b) Funeral Director Mortensen-Kingsley
(c) Address 1020 W. Wash.

19. (a) JUN ~~21~~ 12 1947 (Date received Local Registrar)
(b) M. Kerr Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 7, 1947, 19__;
TIME (Hour and minute) 6:55 P. M. M.

21. I hereby certify that I attended the deceased from June 2, 1947 to June 7, 1947; that I last saw him alive on June 7, 1947; 19__; and that death occurred on the date and hour stated above.

Immediate cause of death ____
Left Cerebral Thrombosis
Due to Arteriosclerosis
Due to ____
Other conditions ____ (Include pregnancy within three months of death)
Major findings:
Of operations ____
Of autopsy ____

DURATION
1 week
—

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 Chas. W. Sult Jr M. D.
Address 15 E. Monroe St. Phoenix Date signed 6/10/47

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