

1680

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 1511
Registrar's No. 38

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 630 N. Hill St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 25 yrs; In Arizona 45 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 630 N. Hill St. (e) Citizen of foreign country (Yes or No) NO
If Yes, which country **
3. (a) FULL NAME Key Tidwell Phillips (b) If Veteran name war none (c) Social Security No. none

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Elizabeth Phillips 6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased March 15, 1895
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
53 0 13 hrs. ** min. **
9. Birthplace Silver City New Mexico
(City, town or county) (State or Country)
10. Usual Occupation truck driver
11. Industry or Business truck driver
Father { 12. Name Tom Phillips
13. Birthplace England
(City, town or county) (State or Country)
Mother { 14. Maiden Name Roseann Chapman
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Key Tidwell Phillips
(b) Address 630 N. Hill St. Globe
17. (a) Burial, Cremation or Removal burial
(b) Place Globe Cemetery Date Mar 30, 1948
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address 328 S. Hill St., Globe, Ariz
19. (a) April 6 - 48
(Date received Local Registrar)
(b) Jesse Wauson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 28, 1948,
TIME (Hour and minute) 1:10 a.m. M.
21. I hereby certify that I attended the deceased from March 28
(12:45 a.m.), 1948 to 3-28 (1:10 a.m.) 1948,
that I last saw him alive on 3-28 (1:10 a.m.), 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
(Brain tissue death)
Due to Cerebral Hemorrhage
Due to Arteriosclerosis + Hypertension
Other conditions (include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION

1 hour
10 years

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 Robert B. Leonard M.P.
Address Globe Date signed 4-2-48