

400900

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

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **5861**  
Registrar's No. **62**

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location 118 Gork House  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 3 wks; In Arizona 20 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Claypool  
(If outside city limits also write RURAL)  
(d) Street No. 118 Gork House; (e) Citizen of foreign country (Yes or No) No  
3. (a) FULL NAME George William Phillips (b) If veteran name was Phillips (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race  White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Shirley Brown 6. (c) Age of husband or wife, if alive 24 yrs.  
7. Birthdate of deceased Dec. 12 1923  
(Month) (Day) (Year)  
8. AGE: Years 24 Months 11 Days 11 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day  
9. Birthplace Silver City New Mex  
(City, town or county) (State or Country)  
10. Usual Occupation Mill man  
11. Industry or Business Miami Cop. Co.  
Father { 12. Name Geo. Phillips  
13. Birthplace San Antonio Tex  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Eula Lee Gumwalt  
15. Birthplace Harford Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. R. Phillips  
(b) Address \_\_\_\_\_  
17. (a) Burial, Cremation or Removal Removal  
(b) Place Safford Ariz (c) Date Nov. 27 1948  
18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address [Address]  
19. (a) Dec 18 1948  
(Date received Local Registrar)  
(b) Acorn S Grayson  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 23, 1948; TIME (Hour and minute) \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death Self inflicted gunshot wound  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three 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 Nov. 23-1948  
(c) Where did injury occur? Claypool Gila Ariz  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)  
While at work? No (e) Means of injury Gunshot wound  
23. Signature John Condit - Coroner M.D.  
Address Miami Ariz Date signed 11-23-48