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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

06 Y
CE OF DEATH 12
AND Y
RESIDENCE 6

1. PLACE OF DEATH
A. COUNTY Greenlee
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Duncan
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 17 yrs 10 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona
B. COUNTY Greenlee
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Duncan
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

ECEDENT 1
ERSONAL 1
DATA 1
172
0
149

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Maurice B. (MIDDLE) — C. (LAST) Day
4. SEX Male
5. COLOR OR RACE White
6. MARRIED NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH Dec DAY 12 YEAR 1877
8. AGE YEARS 92 MONTHS 1 DAYS 16
IF UNDER 24 HOURS HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Truck Driver
9B. KIND OF BUSINESS OR INDUSTRY Hi Way
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Ezekill Day
14B. BIRTHPLACE (STATE OR COUNTRY) Tenn
15A. MOTHER'S MAIDEN NAME Eliza Roberts
15B. BIRTHPLACE (STATE OR COUNTRY) Kansas
16. INFORMANT'S SIGNATURE Mrs M Day ADDRESS Duncan Ariz
17. DATE OF DEATH (MONTH) Jan (DAY) 28 (YEAR) 1949

CAUSE OF DEATH (ITEM 18) 1201 0 ✓ 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Found dead on Arrival
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

ERATIONS, AUTOPSY 2

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO XTERNAL LENCE X

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S TIFICATION 2

22. I HEREBY CERTIFY THAT I SAW DECEASED FROM 1/28, 1949 TO 1/28, 1949, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE Robert C. Thomas D.O. (DEGREE OR TITLE)
23B. ADDRESS Duncan Ariz
23C. DATE SIGNED 1/28/49

UNERAL IRECTOR AND EGISTRAR 27 2

24A. BURIAL CREMATION REMOVAL
24B. DATE Jan. 31-1949
24C. NAME OF CEMETERY OR CREMATORY Sheldon
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Sheldon Ariz
25A. DATE REC'D BY LOCAL REG. Feb 1/49
25B. REGISTRAR'S SIGNATURE [illegible]
26. FUNERAL DIRECTOR'S SIGNATURE J McMillan ADDRESS Clifton Ariz

FORM VS 2 REV. 1-1-49