

675

6916.0

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2618

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
3. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Wickenburg</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Wickenburg</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 days</u> <u>26 yrs.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
4. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Community Hospital</u>			
5. NAME OF DECEASED A. (FIRST) <u>Lloyd</u> B. (MIDDLE) <u>Chester</u> C. (LAST) <u>Willis</u>			6. SEX <u>male</u>
7. DATE OF BIRTH MONTH <u>Feb.</u> DAY <u>23</u> YEAR <u>1923</u>			8. AGE YEARS <u>26</u> MONTHS <u>2</u> DAYS <u>27</u>
9. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Truck Driver</u>
11. KIND OF BUSINESS OR INDUSTRY <u>mens Max Co. Chandler Arizona</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>yes World War # 2</u>	13. SOCIAL SECURITY NO. <u>576-26268</u>
14. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>in SA</u>		15. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
16. FATHER'S NAME <u>Arren Chester Willis</u>		17. MOTHER'S MAIDEN NAME <u>Eveline Ray</u>	
18. INFORMANT'S SIGNATURE <u>Ms. Carme Willis</u>		19. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 20 1949</u>	
20. CAUSE OF DEATH ENTER ONLY ONE CAUSE OR 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) <u>2nd + 3rd Degree Burns</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Explosion of Butane Tank</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
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