

1540

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. 420.0
REGISTRAR'S NO. 3417
1429

07 29
OF DEATH
AND
RESIDENCE
5

1
1
2
PERSONAL
DATA
85
6
719

CAUSE
OF
DEATH
EM 18)

OPERATIONS,
AUTOPSY
2
DEATH
DUE TO
INTERNAL
EVIDENCE

MEDICAL
CORONER'S
CERTIFICATION

GENERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 45 Yrs. 45 Yrs.	
D. FULL NAME OF HOSPITAL OR INSTITUTION 807 N.7th St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED A. (FIRST) Thomas B. (MIDDLE) E C. (LAST) Bonner			4. SEX Male
5. COLOR OR RACE White			
6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Dec. 8 1863	
8. AGE YEARS MONTHS DAYS 85 7 9		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Proprietor	
9B. KIND OF BUSINESS OR INDUSTRY Hotel		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. None		14A. FATHER'S NAME William E. Bonner	
14B. BIRTHPLACE (STATE OR COUNTRY) Ireland		15A. MOTHER'S MAIDEN NAME Mary Baird	
15B. BIRTHPLACE (STATE OR COUNTRY) Ireland		16. INFORMANT'S SIGNATURE Mrs. W. C. Dougherty ADDRESS Phoenix, Arizona	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 17, 1949			
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 CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Generalized Arteriosclerosis - Maxillary DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 17, 1949 TO July 17, 1949 THAT I LAST SAW THE DECEASED ALIVE ON July 17, 1949 AND THAT DEATH OCCURRED AT 12 Noon FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE James W. Woodman M.D.		23B. ADDRESS Phoenix, Arizona	
23C. DATE SIGNED July 18, 1949			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE July 29, 1949	
24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
25A. DATE REC'D BY LOCAL REG. JUL 21 1949		25B. REGISTRAR'S SIGNATURE M. Kerr Spully	
26. FUNERAL DIRECTOR'S SIGNATURE John T. Young		27. EMBALMER'S SIGNATURE Byler Sharp	
ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA.		269	