

1074

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS 776 STATE FILE NO.

4454

CERTIFICATE OF DEATH

REGISTRAR'S NO. 64.

L 1 201 DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Globe</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE DEATH) A. STATE <u>Arizona</u> B. COUNTY <u>Globe</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Globe</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>0</u> <u>0</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) <u>Miami</u>			
M 2 N A 420 849	D. FULL NAME OF DECEASED (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Globe County Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>3056 Alhambra Street</u>			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Infant Girl</u> B. (MIDDLE) <u>-</u> C. (LAST) <u>Phillips</u>			4. SEX <u>fe</u>	5. COLOR OR RACE <u>white</u>			
6 1 2	6. MARRIED (TYPE OR PRINT) NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>13</u> YEAR <u>1949</u>		8. AGE YEARS <u>0</u> MONTHS <u>0</u> DAYS <u>0</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>infant</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	
14 0 849	14. FATHER'S NAME <u>William S. Phillips (Dillon) Miami, Ariz.</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15. MOTHER'S MAIDEN NAME <u>Faith Mitchell Davis</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>	
	16. INFORMANT'S SIGNATURE <u>William S. Phillips, Miami, Arizona</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Aug 14 - 1949</u> <u>6:00 p.m.</u>		13. SOCIAL SECURITY NO. <u>none</u>	
SE TH 18)	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.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (5 1/2 months)</u>				INTERVAL BETWEEN ONSET AND DEATH	
			2. ANTECEDENT CAUSES (MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.) DUE TO (b) _____ DUE TO (c) _____					
IONS, PSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				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)			
TH TO NAL NCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) 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 <u>8-13</u> 19 <u>49</u> TO <u>8-14</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>8-14</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>6:00 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
CAL ONER'S ATION	23A. SIGNATURE <u>William S. Phillips, M.D.</u>		23B. ADDRESS <u>Globe</u>		23C. DATE SIGNED <u>8-15-49</u>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Aug 16 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u>	
RAL TOR D RAR	25A. DATE REC'D BY LOCAL REG. <u>8-15-49</u>		25B. REGISTRAR'S SIGNATURE <u>Jesse Wampler</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank P. Brady</u>		27. EMBALMER'S SIGNATURE <u>Frank P. Brady</u> CERT. NO. <u>248-A</u>	