

CERTIFICATE OF DEATH

REGISTRAR'S NO. 137

SEARCHED  
INDEXED  
SERIALIZED  
FILED

BIRTH NO. 12268

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Mari Copa</b>		B. LENGTH OF STAY IN THIS TOWN <b>2 days</b> IN ARIZONA <b>2 days</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Mari Copa</b>		
	C. CITY OR TOWN <b>Mesa</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Mesa</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Southside Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>425 North Brimhall</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DECEASED	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Troy</b> B. (MIDDLE) <b>Glenn</b> C. (LAST) <b>West</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Infant</b>
	6B. NAME OF SPOUSE ---		7. DATE OF BIRTH MONTH <b>4</b> DAY <b>4</b> YEAR <b>63</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>2</b>	IF UNDER 1 YEAR MONTHS <b>2</b> DAYS <b>2</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) ---

9B. KIND OF BUSINESS OR INDUSTRY ---	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>None</b>
14A. FATHER'S NAME <b>Glenn R. West</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	15A. MOTHER'S MAIDEN NAME <b>Joyce Huber</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	

16. INFORMANT'S SIGNATURE <b>Glenn R. West</b>			ADDRESS <b>Mesa, Arizona</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>4 6 1963</b>
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CAUSE OF DEATH	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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) <b>Cerebral hypoxia</b> DUE TO (B) <b>Respiratory Distress Syndrome by Newborn</b> DUE TO (C) <b>Prematurity</b>  II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>4-4</b> , 19 <b>63</b> , TO <b>4-6-63</b> , 19___, THAT I LAST SAW THE DECEASED ALIVE ON <b>4-6-63</b> , 19___, AND THAT DEATH OCCURRED AT <b>7:30 A.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					

22A. SIGNATURE <b>Richard E Brown</b>	(DEGREE OR TITLE) <b>M.D.</b>	22B. ADDRESS <b>Mesa, Arizona</b>	22C. DATE SIGNED <b>4-6-63</b>
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE		24B. ADDRESS	24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>4-8-63</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Mesa City Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Mesa, Ariz.</b>

26A. DATE REC. BY LOCAL REG. <b>4-8-63</b>	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27B. ADDRESS <b>Mesa, Ariz.</b>
28A. EMBALMER'S SIGNATURE <i>[Signature]</i>		28B. EMBALMER'S CERT. NO. <b>228A.</b>	