

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1867

BIRTH NO.

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 4yrs		IN ARIZONA 4yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA		B. COUNTY MARICOPA			
	C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. FULL NAME OF HOSPITAL OR INSTITUTION 2427 E. CAMPBELL			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 2427 E. CAMPBELL		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2427 E. CAMPBELL							
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) FLOYD			B. (MIDDLE) E			C. (LAST) KIRKMAN			4. SEX MALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) DIVORCED
	6B. NAME OF SPOUSE -----			7. DATE OF BIRTH MONTH DAY YEAR 7 27 1901		8. AGE (IN YEARS LAST BIRTHDAY) 62		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) AUDITOR
	9B. KIND OF BUSINESS OR INDUSTRY OIL COMPANY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MISSOURI		11. CITIZEN OF WHAT COUNTRY? USA		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. 510-01-1528	
14A. FATHER'S NAME WILLIAM KIRKMAN			14B. BIRTHPLACE (STATE OR COUNTRY) MISSOURI			15A. MOTHER'S MAIDEN NAME E. R. RILEY			15B. BIRTHPLACE (STATE OR COUNTRY) MISSOURI			
16. INFORMANT'S SIGNATURE <i>R. J. Lead</i> RECORDS OF A. L. MOORE & SONS PHOENIX, ARIZONA						17. DATE OF DEATH (MONTH) (DAY) (YEAR) APRIL 26- 1964						
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						MEDICAL CERTIFICATION (A) <i>Cor pulmonale & failure</i> DUE TO (B) <i>pulmonary emphysema</i> DUE TO (C) <i>bronchiectasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> <i>4 yrs</i> <i>4 yrs</i>	
	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 <u>5/16</u> , 19 <u>64</u> TO <u>4/26</u> , 19 <u>64</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>4/26</u> , 19 <u>64</u> , AND THAT DEATH OCCURRED AT <u>7:45 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
22A. SIGNATURE <i>M. W. Kamper</i>			(DEGREE OR TITLE) <i>M.D.</i>			22B. ADDRESS <i>Phoenix, Ariz.</i>			22C. DATE SIGNED <i>4/28/64</i>			
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			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 4-29-64		25C. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA				
26A. DATE REC. BY LOCAL REG. 4/28/64		26B. REGISTRAR'S SIGNATURE <i>Helen E. Macnab</i>			27A. FUNERAL DIRECTOR'S SIGNATURE <i>A. L. MOORE & SONS</i>			27B. ADDRESS PHOENIX, ARIZ.				
28A. EMBALMER'S SIGNATURE <i>Harold K. Bues</i>						28B. EMBALMER'S CERT. NO. 4202						

