

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 214

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| 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) OR TOWN Phoenix | | C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 4 yrs 4 yrs | | C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Phoenix | |
| D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Joseph's Hospital 2 days | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2003 E. Harvard | | |
| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Volney | | B. (MIDDLE) Henry | | C. (LAST) King | |
| 4. SEX Male | | 5. COLOR OR RACE White | | | |
| 6. MARRIED NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED | | 7. DATE OF BIRTH MONTH Jan YEAR 1867 | | 8. AGE YEARS 83 MONTHS 0 DAYS 11 | |
| 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Farmer | | 9B. KIND OF BUSINESS OR INDUSTRY Farming | | 9C. CITIZEN OF WHAT COUNTRY? USA | |
| 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah | | 11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No | | 12. SOCIAL SECURITY NO. None | |
| 14A. FATHER'S NAME Culbert King | | 14B. BIRTHPLACE (STATE OR COUNTRY) New York | | 15A. MOTHER'S MAIDEN NAME Ester Eliza McCullough | |
| 15B. BIRTHPLACE (STATE OR COUNTRY) Michigan | | 16. INFORMANT'S SIGNATURE <i>Oliver B. King</i> | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 2, 1950 | |
| 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED. | | 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 week | |
| | | 2. ANTECEDENT CAUSES (MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.) DUE TO (b) Arteriosclerosis + | | | |
| | | 3. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.) DUE TO (c) Arteriosclerotic heart disease | | | |
| 19A. DATE OF OPERATION — | | 19B. MAJOR FINDINGS OF OPERATION No | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) Ng | | 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) OF INJURY M | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/31 50 TO 2/2/50 THAT I LAST SAW THE DECEASED ALIVE ON 2/2 19 50 AND THAT DEATH OCCURRED ON 8:55 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | |
| 23A. SIGNATURE <i>[Signature]</i> | | 23B. ADDRESS 800 No 12th ave | | 23C. DATE SIGNED 2/2/50 | |
| 24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> | | 24B. DATE 2-2-50 | | 24C. NAME OF CEMETERY OR CREMATORY Kaysville, Utah | |
| 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) | | 25A. DATE REC'D BY LOCAL REG. 2/2/50 | | 25B. REGISTRAR'S SIGNATURE <i>Beulah D. Hudson</i> | |
| 26. SUPERVISOR'S SIGNATURE <i>[Signature]</i> | | 27. EMBALMER'S SIGNATURE <i>[Signature]</i> | | CERT. NO. | |