

## CERTIFICATE OF DEATH

BIRTH NO.

07 08/3 E OF DEATH AND L RESIDENCE 39 0424 5	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona Mohave</b> COUNTY		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Tempe</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>8da 12yr</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Kingman</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tempe Hospital</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>P.O. Box 909</b>			
CEDENT PERSONAL DATA 170 4 450	3. NAME OF DECEASED (TYPE OR PRINT) <b>JOHN OLIVER (OLLIE) DAVIS</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>Cau</b>	
	6. MARRIED . . . . . NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR <b>Aug. 27 1879 70</b>		8. AGE YEARS MONTHS DAYS <b>7 6</b>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Farmer</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		9C. SOCIAL SECURITY NO. <b>526-01-5834</b>		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>		11. CITIZEN OF WHAT COUNTRY? <b>U S</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. FATHER'S NAME <b>Benjamin Davis</b>		14. BIRTHPLACE (STATE OR COUNTRY) <b>Ka.</b>		15. MOTHER'S MAIDEN NAME <b>Mary Lucky</b>		
16. INFORMANT'S SIGNATURE <b>Cecil B. Davis</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 3, 1950</b>			
CAUSE OF DEATH OF DEATH EM 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.					
	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction (multiple attacks)</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Coronary artery sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Senility</b>					
OPERATIONS, STOPIPSY	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)	
DEATH DUE TO FATAL BLEND	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 <b>3/24</b> 19 <b>50</b> TO <b>4/3</b> 19 <b>50</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>4/3</b> 19 <b>50</b> AND THAT DEATH OCCURRED AT <b>7 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE <b>Robert H. Clark M.D.</b>		23B. ADDRESS <b>25 W 8th St. Tempe, Ariz.</b>		23C. DATE SIGNED <b>4/9/50</b>	
	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>April 3, 1950</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Kingman Cemetery</b>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Kingman, Ariz.</b>		25A. DATE REC'D BY LOCAL REG. <b>4/19/50</b>		25B. REGISTRAR'S SIGNATURE <b>Rosalie Hammondy</b>		
GENERAL DIRECTOR AND REGISTRAR	26. FUNERAL DIRECTOR'S SIGNATURE <b>Carr Mortuary Tempe, Ariz.</b>			ADDRESS		
	27. EMBALMER'S SIGNATURE <b>E. Flawdy</b>			CERT. NO. <b>718</b>		