

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **3571**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **73**

7-03
OF DEATH
AND
RESIDENCE
6

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 OR RURAL) Glendale		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Glendale	
D. FULL NAME OF HOSPITAL OR INSTITUTION 940 East E. Ave.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 940 East E. Ave.	

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NO

3. NAME OF DECEASED (TYPE OR PRINT) George Artley Wilbur Logan			4. SEX male	5. COLOR OR RACE white
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Nov. DAY 10 YEAR 1882		8. AGE YEARS 67 MONTHS 8 DAYS 4
9B. KIND OF BUSINESS OR INDUSTRY Ranch		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? US
14A. FATHER'S NAME Dave Logan		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		15A. MOTHER'S MAIDEN NAME Elizabeth Greenwood
16. INFORMANT'S SIGNATURE George Logan 940 E. Ave.			17. DATE OF DEATH (MONTH) July (DAY) 14 (YEAR) 1950	

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CAUSE
OF
DEATH
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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. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Coronary Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT (SPECIFY) SUICIDE		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		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

MICAL
RNER'S
ICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **10-1-49** TO **7-14-50** THAT I LAST SAW THE DECEASED ALIVE ON **7-14-50** AND THAT DEATH OCCURRED AT **8:30 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE **[Signature]** (DEGREE OR TITLE)

23B. ADDRESS **PHILIP E. RICE, M. D. GLENDALE, ARIZONA**

23C. DATE SIGNED **7-14-50**

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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 7-17-50		24C. NAME OF CEMETERY OR CREMATORY Glendale Memorial Park	
25A. DATE REC'D BY LOCAL REG. 7-15-50		25B. REGISTRAR'S SIGNATURE a m sheets		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. I. Leonard, Glendale, Arizona 960	
				27. EMBALMER'S SIGNATURE G. I. Leonard CERT. NO. 187a	