

CERTIFICATE OF DEATH

BIRTH NO. 15482

1. PLACE OF DEATH A. COUNTY <b>MARICOPA</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE <b>ARIZONA</b> INSTITUTION: RESIDENCE BEFORE DEATH: B. COUNTY <b>MARICOPA</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>PHOENIX</b> ) <small>(RURAL)</small>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>PHOENIX</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b> <small>(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)</small>		D. STREET ADDRESS <b>914 E. JEFFERSON ST. (REAR)</b> <small>(IF RURAL, GIVE LOCATION)</small>	

3. NAME OF DECEASED A. (FIRST) <b>AUTURO</b> <small>(TYPE OR PRINT)</small>			B. (MIDDLE) <b>JEROME</b>		C. (LAST) <b>WILSON</b>		4. SEX <b>MALE</b>	5. COLOR OR RACE <b>NEGRO</b>			
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>10</b> DAY <b>4</b> YEAR <b>1950</b>		8. AGE YEARS <b>-</b> MONTHS <b>1</b> DAYS <b>28</b>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>CHILD</b>		9A. 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.	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>ARIZONA</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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.		13. SOCIAL SECURITY NO.	
14A. FATHER'S NAME <b>LEONARD WILSON</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>LOUISIANA</b>		15A. MOTHER'S MAIDEN NAME <b>ELITHA GREENE</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>ARIZONA</b>			
16. INFORMANT'S SIGNATURE <i>Leonard Wilson</i>					ADDRESS <b>Phoenix, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>DECEMBER 2, 1950</b>				

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) _____		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH _____		

ANTECEDENT CAUSES  
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
**NO evidence of**  
**Paul Blay**  
**Police Report**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>Phoenix Maricopa</b>	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>12 2 50 7:50 PM</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____ AND THAT DEATH OCCURRED AT _____ FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>Ray E. Edwards</i>		23B. ADDRESS <b>Maricopa County Court House</b>		23C. DATE SIGNED <b>12/5/50</b>	

24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE <b>12-6-1950</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>	
25A. DATE REC'D BY LOCAL REG. <b>12/5/50</b>		25B. REGISTRAR'S SIGNATURE <i>Beulah Johnston</i>		26. FUNERAL DIRECTOR'S SIGNATURE <b>RAGSDALE MORTUARY</b> 1100 E. Jefferson St. PHOENIX, ARIZONA		27. EMBALMER'S SIGNATURE <i>Harbott W. Ragdale II</i>	
				CERT. NO. <b>280R</b>			