ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 756

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 365

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: 21 yrs. IN ARIZONA: 21 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Monica's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 914 So. 3th Avenue

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Dock
B. (MIDDLE): Gilon
C. (LAST): Christopher

4. SEX: Male

5. COLOR OR RACE: Negro

6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** X

7. DATE OF BIRTH: June 12 1910

8. AGE: 40 years, 7 months, 23 days

IF UNDER 24 HOURS: HOURS ___ MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Chauffeur

9B. KIND OF BUSINESS OR INDUSTRY: private

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY?: U. S. A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No
(IF YES, WAR OR DATES OF SERVICE):

13. SOCIAL SECURITY NO.: —

14A. FATHER'S NAME: James (Tom) Christopher

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Mary McLendon

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: x James M. Christopher
ADDRESS: Phoenix

17. DATE OF DEATH: February (MONTH) 5th (DAY) 1951 (YEAR)

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a): Penetrating Wound of Anterior chest-wall -

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b): Comparable - w/a stab wound

DUE TO (c): Perforation of Heart & Hemorrage into pleural spaces - / Victim of stabbing

II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 2-8-51

19B. MAJOR FINDINGS OF OPERATION: see above

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): Homicide

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 914 - S. 3rd ave Phx

21C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix, Maricopa, Ariz.

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 2 5 51 930 P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?: Stabbed by Earl Preston

22. I HEREBY CERTIFY THAT I ~~ATTENDED THE DECEASED FROM~~ ___ TO ___ ~~LAST SAW THE DECEASED~~ after ALIVE ON Feb. 5, 1951, AND THAT DEATH OCCURRED AT 9:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Al J. Flood J.P. West Phx
(DEGREE OR TITLE):

23B. ADDRESS: Phoenix, Ariz

23C. DATE SIGNED: 2-10-51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Feb. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 2/12/51

25B. REGISTRAR'S SIGNATURE: Beulah J. Huston

26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HAGSDALE MORTUARY, 1100 E. Jefferson St., PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE: Kenneth J. Hagsdale

CERT. NO. 328 R

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FORM VS 2 REV. 3-50 15M