

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2196

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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BIRTH NO.		1. PLACE OF DEATH A. COUNTY MARICOPA		2. USUAL RESIDENCE (WHERE DECEASED LIVED. INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY COCONINO	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) PHOENIX		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 10 days 33y		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN SEDONA	
D. FULL NAME OF HOSPITAL OR INSTITUTION ARIZONA STATE HOSPITAL			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Highway 89A		

3. NAME OF DECEASED (TYPE OR PRINT) GEORGE A. LONDON			4. SEX MALE		5. COLOR OR RACE WHITE		
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 3 DAY 23 YEAR 1881		8. AGE YEARS 70 MONTHS 0 DAYS 23		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). - Railroad clerk	
9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U. S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. None		14A. FATHER'S NAME - George R. London		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME - Virginia Alderson	
15B. BIRTHPLACE (STATE OR COUNTRY) Virginia		16. INFORMANT'S SIGNATURE Mrs. G. A. London ADDRESS ARIZONA STATE HOSPITAL RECORDS Sedona, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) APRIL 18, 1951			

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) MYOCARDIAL FAILURE				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) CHRONIC MYOCARDITIS					
		DUE TO (c) PSYCHOSIS DUE TO CEREBRAL ARTERIOSCLEROSIS					
		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

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)			
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?			

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 6 1951 TO April 16 1951 THAT I LAST SAW THE DECEASED ALIVE ON April 16 1951 AND THAT DEATH OCCURRED AT 230P FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE (DEGREE OR TITLE) Arthur B. ...				23B. ADDRESS 2500 E. Van Buren		23C. DATE SIGNED 4-16-51	

24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 4/16/51		24C. NAME OF CEMETERY OR CREMATORY Sedona Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Sedona, Ariz.	
25A. DATE REC'D BY LOCAL REG. 4/16/51		25B. REGISTRAR'S SIGNATURE Bulah Johnson		26. FUNERAL DIRECTOR'S SIGNATURE Robert V. Ingraham		27. ADDRESS Prescott, Ariz.	
				27. EMBALMER'S SIGNATURE Robert V. Ingraham		CERT. NO. 294	