

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. **4060**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **50**

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. <b>Maricopa</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Tempe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Chandler</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tempe Hospital</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Frye Lane</b>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>William</b>		B. (MIDDLE) <b>Thomas</b>	
C. (LAST) <b>Anderson</b>		4. SEX <b>M.</b>	
5. COLOR OR RACE <b>W.</b>			
6. MARRIED - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>9</b> DAY <b>22</b> YEAR <b>72</b>	
8. AGE YEARS <b>78</b> MONTHS <b>9</b> DAYS <b>16</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Retired Rancher</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Ranch</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Ark.</b>	
11. CITIZEN OF WHAT COUNTRY? <b>USA</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. <b>no</b>			
14A. FATHER'S NAME <b>No record</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>No record</b>	
15A. MOTHER'S MAIDEN NAME <b>No record</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>No record</b>	
16. INFORMANT'S SIGNATURE <b>Arnold Anderson</b>		ADDRESS <b>Tucson, Ariz.</b>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>July 8 1951</b>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (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) <b>Hypostatic pneumonia</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) <b>Cerebral thrombosis</b> <b>Arteriosclerosis and</b> DUE TO (c) <b>Hypertension</b> 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 <b>3-9-51</b> , 19____ TO <b>7-8-51</b> , 19____. THAT I LAST SAW THE DECEASED ALIVE ON <b>7-6-51</b> , 19____ AND THAT DEATH OCCURRED AT <b>1:20A</b> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <b>Ernest Bohle M.D.</b> (DEGREE OR TITLE)		23B. ADDRESS <b>Tempe, Arizona</b>	
23C. DATE SIGNED <b>7-9-51</b>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>7-10-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mesa cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Mesa, Arizona</b>	
25A. DATE REC'D BY LOCAL REG. <b>7-24-51</b>		25B. REGISTRAR'S SIGNATURE <b>Ronnie Hammer</b>	
26. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Gibbons Mortuary</b> ADDRESS <b>Mesa, Ariz.</b>		27. EMBALMER'S SIGNATURE <b>Raymond E. Clark</b> ADDRESS <b>275R</b>	