

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **2318**

OF DEATH NO. 71 RESIDENCE 5	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 RURAL) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix rural	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 25 yrs 25 yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 4204 South 9th Street	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County Hospital				

IDENT SONAL ATA 177 4 051	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ANDREW B. (MIDDLE) Jackson C. (LAST) SNEED			4. SEX Male	5. COLOR OR RACE White
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Jan DAY 8 YEAR 1874		8. AGE YEARS 77 MONTHS 9 DAYS 18
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Mechanic		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no none		13. SOCIAL SECURITY NO. none
	9B. KIND OF BUSINESS OR INDUSTRY Automobile		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U. S. A.
14A. FATHER'S NAME Berry Sneed			14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Melissa Glover
16. INFORMANT'S SIGNATURE Mr. John Sneed (brother)			ADDRESS 609 Pelaar Dr. Tucson, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 26 1951

CAUSE OF DEATH (M 18)	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) Pneumonitis		INTERVAL BETWEEN ONSET AND DEATH Oct 11, 1951
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) Gangrene of nose & bladder		Oct 7 1951
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (c)		

OPERATIONS, TOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

MEDICAL OFFICER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 11 19 51 TO Oct. 26 19 51 . THAT I LAST SAW THE DECEASED ALIVE ON Oct. 26 19 51 AND THAT DEATH OCCURRED AT 12:30 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE (DEGREE OR TITLE) C. Charles P. Boyley M.D.		23B. ADDRESS Co. Hospital, Phoenix, Ariz.		23C. DATE SIGNED 10-29-51

GENERAL REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 10-30-51	24C. NAME OF CEMETERY OR CREMATORY Double Butte Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tempe, Arizona
	25A. DATE REC'D BY LOCAL REG. 10/30/51		25B. REGISTRAR'S SIGNATURE Boulah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE Jack Warren ADDRESS Grimshaw Mortuary 27. EMBALMER'S SIGNATURE Jack Warren ADDRESS 334 WEST MONROE CERT. NO. PHOENIX, ARIZONA 225

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