ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6255

CERTIFICATE OF DEATH

BIRTH NO. 12182

REGISTRAR'S NO. 2580

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: life; IN ARIZONA: life
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): DOA Good Samaritan 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, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 306 W. Camelback, Rd.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Valerie
B. (MIDDLE): Lynn
C. (LAST): Bullard

4. SEX: Female
5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Aug, DAY 18, YEAR 1951
8. AGE: YEARS 0, MONTHS 3, DAYS 9
IF UNDER 24 HOURS: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): None

9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY?: USA
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.: None

14A. FATHER'S NAME: Carl W. Bullard
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Francis Chamberlain
15B. BIRTHPLACE (STATE OR COUNTRY): So. Dakota

16. INFORMANT'S SIGNATURE: Carl W. Bullard
ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH (MONTH) November (DAY) 27 (YEAR) 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) App. Natural Cause
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) No signs of Violence
DUE TO (c) App Virus Pneumonia
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM about 10:30, 19__ TO __, 19__ THAT I LAST SAW THE DECEASED __, 19__ AND THAT DEATH OCCURRED AT __ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Al J. Flood (DEGREE OR TITLE) Ex officio Coroner
23B. ADDRESS: West Phoenix Precinct
23C. DATE SIGNED: 11-28-51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: ~~Nov 30~~ Dec, 1951
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.

25A. DATE REC'D BY LOCAL REG.: 11/29/51
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Stanley Clegg
27. EMBALMER'S SIGNATURE: W R Becker
ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
CERT. NO. 311

FORM VS 2 REV. 3-50 15M