

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6530

CERTIFICATE OF DEATH

7 DATE OF DEATH 8 AND 18 X RESIDENCE 4	BIRTH NO.		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) Goodyear		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5 yrs 5 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Goodyear	
PRECEDENT PERSONAL DATA 183 4 X 51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Curtis B. (MIDDLE) C. (LAST) Swigart		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 DAY YEAR Sept 25 1868		8. AGE YEARS MONTHS DAYS 83 1 10	
155 X CAUSE OF DEATH ITEM 18) 0	9B. KIND OF BUSINESS OR INDUSTRY Building		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? USA	
	14A. FATHER'S NAME Benjamin Swigart		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Emily Johnson	
ERATIONS, AUTOPSY 2	16. INFORMANT'S SIGNATURE Beulah Swigart		ADDRESS Goodyear, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 5 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.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Cancer, Gall bladder & Liver</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>	
DEATH DUE TO ETERNAL TOLERANCE	19A. DATE OF OPERATION Oct 11, '51		19B. MAJOR FINDINGS OF OPERATION <i>Inoperable Cancer liver & gall bladder.</i>		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)	
MEDICAL CORONER'S CERTIFICATION	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?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 11-5-51, 1951 AND THAT DEATH OCCURRED AT 11:58 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE G.W. Davis M.D.		23B. ADDRESS Arrowdale Arizona	
FUNERAL DIRECTOR AND REGISTRAR 32 2	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE Nov 8, 1951		24C. NAME OF CEMETERY OR CREMATORY Greenwood	
	25A. DATE REC'D BY LOCAL REG. 11-8-51		25B. REGISTRAR'S SIGNATURE Etta Butler Deputy		26. FUNERAL DIRECTOR'S SIGNATURE Stanley Clapp ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA CERT. NO. 311	