ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7162

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2662

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix; rural
C. LENGTH OF STAY IN THIS PLACE: 18 yrs; IN ARIZONA: 18 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Rt 12, Box 190

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): Rt 12 Box 190

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Truman B. (MIDDLE) W. C. (LAST) Enos

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

7. DATE OF BIRTH: MONTH Jan DAY 13 YEAR 1862

8. AGE: YEARS 89 MONTHS 10 DAYS 25

IF UNDER 24 HOURS: HOURS ___ MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Ret. geologist & mineralog

9B. KIND OF BUSINESS OR INDUSTRY: Geology

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York

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: Levi Sherwood Enos

14B. BIRTHPLACE (STATE OR COUNTRY): New York

15A. MOTHER'S MAIDEN NAME: Catherine Hill

15B. BIRTHPLACE (STATE OR COUNTRY): Penna.

16. INFORMANT'S SIGNATURE: Truman W. Enos **ADDRESS:** Phoenix, Ariz.

17. DATE OF DEATH (MONTH) December (DAY) 8 (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) Uremia, renal

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) nephrosclerosis

DUE TO (c)

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 1-1 1949 TO 12-8 1951 THAT I LAST SAW THE DECEASED ALIVE ON 12-7 1951 AND THAT DEATH OCCURRED AT about 1A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): R. S. Lyinick M.D.

23B. ADDRESS: 6033 S. Central, Phoenix

23C. DATE SIGNED: 12/10/51

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: Dec 11, 1951

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.

25A. DATE REC'D BY LOCAL REG.: 12/10/51

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: A. L. Moore **ADDRESS:** A. L. MOORE & SONS, PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE: W R Becker **CERT. NO.:** 311

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