

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7622

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4 OF DEATH IND - 39 RESIDENCE 3	1. PLACE OF DEATH A. COUNTY Gila			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 0 yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tempe, #900 McAllister St.			
IDENT PERSONAL ATA 136 4 X51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Alexander B. (MIDDLE) Robertson C. (LAST) Brown			4. SEX Male		5. COLOR OR RACE White.		
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 4 th YEAR 1916		8. AGE YEARS 36 MONTHS 2 DAYS 19		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Aviator.	
CAUSE OF DEATH (M 18)	9B. KIND OF BUSINESS OR INDUSTRY Aviator Rio Vista, Cal.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Calif.		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes 2nd World War.	
	13. SOCIAL SECURITY NO. 553-09-7440		14A. FATHER'S NAME Alexander R. Brown		14B. BIRTHPLACE (STATE OR COUNTRY) Calif.		15A. MOTHER'S MAIDEN NAME Christine Shields	
ACTIONS, TUPSY 2	16. INFORMANT'S SIGNATURE Boris Daniels Brown			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 23, 1951.		15B. BIRTHPLACE (STATE OR COUNTRY) USA		
	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Killed in plane crash instantly.				INTERVAL BETWEEN ONSET AND DEATH
EATH 98 E TO 04 ERNAL 1 ENCE 4	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE Accident.		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Plane crash		21C. (CITY OR TOWN) (COUNTY) (STATE) Mountains Gila Ariz.			
GENERAL DIRECTOR 22 IND STRAR 4	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY November 23, 1951		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Plane crashed in snow storm.			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
REGISTRAR'S SIGNATURE	23A. SIGNATURE (DEGREE OR TITLE) A. L. Moore, Justice of the Peace, Payson Arizona			23B. ADDRESS		23C. DATE SIGNED 2-6-52.		
	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 2-6-52		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
25A. DATE REC'D BY LOCAL REG. 2-6-52		25B. REGISTRAR'S SIGNATURE J. H. Cartmell		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. L. Moore & sons, Phoenix				