ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 442

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Wickenburg
C. LENGTH OF STAY IN THIS PLACE: 2 Mo. IN ARIZONA: 2 Mo.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: California
B. COUNTY: Santa Clara
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Palo Alto
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 945 Webster Street.

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Lewis B. (MIDDLE): Walker C. (LAST): Thornton
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
7. DATE OF BIRTH: MONTH Aug. DAY 8 YEAR 1869
8. AGE: YEARS 83 MONTHS 5 DAYS 16
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Retired Investments
9B. KIND OF BUSINESS OR INDUSTRY: Investments
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
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: Anthony Thornton
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Katherine Smith
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE AND ADDRESS: Norton D. Thornton, 945 Webster Street. Palo Alto, California.
17. DATE OF DEATH (MONTH) Jan. (DAY) 24 (YEAR) 1953

CAUSE OF DEATH (ITEM 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) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) fractured hip — 2 mos
DUE TO (c) Senescence — ?

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (SPECIFY) accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway Near Morristown
21C. (CITY OR TOWN) Highway 60 70 (COUNTY) Maricopa (STATE) Ariz
21D. TIME OF INJURY (MONTH) 11 (DAY) 25 (YEAR) 52 (HOUR) 8 M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Automobile Accident

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-25-52 19__ TO 1-24-53 19__ THAT I LAST SAW THE DECEASED ALIVE ON 1-23-53 19__ AND THAT DEATH OCCURRED AT 8:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Floyd B. Brallier (DEGREE OR TITLE) M.D.
23B. ADDRESS: Wickenburg Ariz
23C. DATE SIGNED: 1-26-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☒ REMOVAL ☒
24B. DATE: 1-27-53
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 1/30/53
25B. REGISTRAR'S SIGNATURE: A. W. Walter
26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: H. L. Coffinger Wickenburg Ariz.
27. EMBALMER'S SIGNATURE: H. L. Coffinger
CERT. NO.: 188-A

FORM VS 2 REV. 20M