ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1083

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 376

PLACE OF DEATH 77 77 / 14 AND 02 / **USUAL RESIDENCE** X

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY: IN THIS TOWN few minutes; IN ARIZONA abt 10 yrs
C. CITY OR TOWN Phoenix — ☐ IN CITY LIMITS; X☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 35th Ave. at Thomas Road

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona
B. COUNTY
C. CITY OR TOWN Avondale — X☐ IN CITY LIMITS; ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 141 Avondale Circle

DECEDENT PERSONAL DATA 1 / 1 / 49 / 4 / 253

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ALFRED B. (MIDDLE) ROTHERFORD C. (LAST) BELL
4. SEX Male
5. COLOR OR RACE White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
7. DATE OF BIRTH (MONTH DAY YEAR) Sept. 26 1903
8. AGE (IN YEARS LAST BIRTHDAY) 49 — IF UNDER 1 YEAR: MONTHS 4, DAYS 8 — IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF LIFE, EVEN IF RETIRED). Electrician
9B. KIND OF BUSINESS OR INDUSTRY NAF LP
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa.
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 211-01-176 2
14A. FATHER'S NAME Addison C. Bell
14B. BIRTHPLACE (STATE OR COUNTRY) Pa.
15A. MOTHER'S MAIDEN NAME Emma Larmer
15B. BIRTHPLACE (STATE OR COUNTRY) Pa.
16. INFORMANT'S SIGNATURE / ADDRESS Ed Bell, 86 Statement Rd., Washington, Pa.
17. DATE OF DEATH (MONTH) Feb. (DAY) 4, (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 / 0

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 3144
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Crushing head injury,
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) result of severe impact
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

PLACE DISEASE CONTRACTED.

OPERATIONS, AUTOPSY 9

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

DEATH DUE TO EXTERNAL VIOLENCE 74 / 27 / 23

21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) Auto accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 35th ave & Thomas
21C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix Ariz
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) 2 - 4 - 53 840P
21E. INJURY OCCURRED: WHILE AT WORK ☐; NOT WHILE AT WORK X
21F. HOW DID INJURY OCCUR? Auto - Collision & car

MEDICAL OR CORONER'S CERTIFICATION 5

22. I HEREBY CERTIFY THAT I ~~ATTENDED~~ viewed THE DECEASED in mortuary on 5 February 53 ~~THAT I LAST SAW THE DECEASED ALIVE ON ______, 19____, AND THAT DEATH OCCURRED AT~~ 840 P M. ~~FROM THE CAUSES AND ON THE DATE STATED ABOVE.~~
23A. SIGNATURE (DEGREE OR TITLE) Al J. Flood Coroner
23B. ADDRESS West Phoenix
23C. DATE SIGNED 2-10-53

FUNERAL DIRECTOR AND REGISTRAR 85 / 2 / 110

24A. BURIAL X ☐ CREMATION ☐ REMOVAL ☐
24B. DATE Feb. 12, 1953
24C. NAME OF CEMETERY OR CREMATORY Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG. 2/11/53
25B. REGISTRAR'S SIGNATURE Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE Vernon R. Evans — ADDRESS
27. EMBALMER'S SIGNATURE Addie M. Rogers — CERT. NO. #262
Merryman-Evans Funeral Home

FORM VS 2 REV. 4-15-52