ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1908

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 746 727

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 YR. IN ARIZONA 30 YRS.
C. CITY OR TOWN: Phoenix ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Grand Hotel - 502 E. Wash. St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Pat B. (MIDDLE) C. (LAST) Purdy
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): divorced
6B. NAME OF SPOUSE: Unk.
7. DATE OF BIRTH: MONTH Mar. DAY 4 YEAR 1922
8. AGE (IN YEARS LAST BIRTHDAY): 31
IF UNDER 1 YEAR: MONTHS DAYS HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Furniture Moving
9B. KIND OF BUSINESS OR INDUSTRY: Moving.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE) WW 2
13. SOCIAL SECURITY NO. Unk.
14A. FATHER'S NAME: Pat Blaxson
14B. BIRTHPLACE (STATE OR COUNTRY): New Jersey
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk
16. INFORMANT'S SIGNATURE: Pat Blaxson (father) ADDRESS: New Jersey
17. DATE OF DEATH (MONTH) March (DAY) 20 (YEAR) 1953

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Massive intra-
ANTECEDENT CAUSES MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral hemorrhage, the
DUE TO (C) result of an impact
11. 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) under investigation
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 Examined at mortuary on 3-20-53, 19__ TO __, 19__ THAT I LAST SAW THE DECEASED ALIVE ON __, 19__, AND THAT DEATH OCCURRED AT 7:30 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Henry E. Wenzel (DEGREE OR TITLE) Coroner
23B. ADDRESS: Court House - Phx
23C. DATE SIGNED: 3-21-53

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: March 21, 1953
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg, Arizona

25A. DATE REC'D BY LOCAL REG. 3/21/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: Kent L. Kanen
CERT. NO. 326

FORM VS 2 REV. 1-1-53

E OF DEATH 7 17
AND 29
L RESIDENCE
0238

ECEDENT 1
ERSONAL 4
DATA 131
7
353

CAUSE OF DEATH (ITEM 18) 0 0 0

ERATIONS, AUTOPSY 1

DEATH DUE TO XTERNAL VIOLENCE 29 17 9 9

MEDICAL OR CORONER'S CERTIFICATION 5

FUNERAL DIRECTOR AND REGISTRAR 85 2 130