ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2266

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

**1. PLACE OF DEATH**
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: life
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1729 E. Roma Ave

**3. NAME OF DECEASED** (TYPE OR PRINT) A. (FIRST): George B. (MIDDLE): Luke C. (LAST): Reay
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
7. DATE OF BIRTH — MONTH: Oct DAY: 15 YEAR: 1881
8. AGE (IN YEARS LAST BIRTHDAY): 72 — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Land Appraiser
9B. KIND OF BUSINESS OR INDUSTRY: State of Ariz
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.
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.: unknown
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): -
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): -
16. INFORMANT'S SIGNATURE: X Pearl M Reay — ADDRESS:
17. DATE OF DEATH (MONTH) April (DAY) 15 (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) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

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 4/14, 1953, TO 4/15, 1953, THAT I LAST SAW THE DECEASED ALIVE ON 4/15/53, 19__, AND THAT DEATH OCCURRED AT __ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R.E. Montgomery M.D. (DEGREE OR TITLE)
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 4/15/53

24A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
24B. DATE: 4-16-53
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG.: April 15-1953
25B. REGISTRAR'S SIGNATURE: E. W. Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown — ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Gordon Brown — CERT. NO.: 238

FORM VS 2 REV. 4-15-52