ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3696

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1285

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 40yrs. IN ARIZONA 40 yrs.
C. CITY OR TOWN: Phoenix, [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): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 132 N. 10 Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Carrie B. (MIDDLE) M. C. (LAST) Young
4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Unk.
7. DATE OF BIRTH: MONTH Mar. DAY 29 YEAR 1892
8. AGE (IN YEARS LAST BIRTHDAY): 61 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): Clerk-St. Tax Comm.
9B. KIND OF BUSINESS OR INDUSTRY: State
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn.
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
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.: Unk.
14A. FATHER'S NAME: Columbus Fine
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Axie Walters
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
16. INFORMANT'S SIGNATURE: David R. Young (son) ADDRESS: 2930 E. Wiletta St.
17. DATE OF DEATH (MONTH) June (DAY) 8 (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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Arteriosclerotic Hypertension
ANTECEDENT CAUSES MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Heart disease — 5/29/53
DUE TO (C) Diabetes Mellitus
11. 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 [X]

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January, 1950, TO June 7, 1953 THAT I LAST SAW THE DECEASED ALIVE ON June 7, 1953, AND THAT DEATH OCCURRED AT 3:25 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Lloyd K. Swasey (DEGREE OR TITLE) M D
23B. ADDRESS: 15 E Monroe, Phoenix
23C. DATE SIGNED: 9 June 1953

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: June 11, 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix
25A. DATE REC'D BY LOCAL REG.: 6/10/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: C. Stanley Clegg
27. EMBALMER'S SIGNATURE: James S Taylor
ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
CERT. NO. 310

FORM VS 2 REV. 1-1-53