ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5518

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2065

PLACE OF DEATH 7 17 9 AND 29
USUAL RESIDENCE 0047

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY: IN THIS TOWN 9 Yrs. IN ARIZONA 9 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) VA 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) 809 West Washington

DECEDENT PERSONAL DATA 1 1 58 7 953

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) M. C. (LAST) COLVIN
4. SEX Male
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Mrs. Linna Colvin
7. DATE OF BIRTH: MONTH 3 DAY 14 YEAR 95
8. AGE (IN YEARS LAST BIRTHDAY) 58
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) Bartender
9B. KIND OF BUSINESS OR INDUSTRY Unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York
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 I
13. SOCIAL SECURITY NO. Unknown
14A. FATHER'S NAME Unknown
14B. BIRTHPLACE (STATE OR COUNTRY) Unknown
15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE ADDRESS VA Hospital Records, Phoenix, Arizona
17. DATE OF DEATH (MONTH) September (DAY) 27 (YEAR) 1953

MEDICAL CERTIFICATION

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4300
‡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.

		Interval between onset and death
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A)	Cardiac insufficiency (congestive heart failure)	1 Week
ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)	Chronic cor pulmonale and arteriosclerotic heart disease	Unknown
DUE TO (C)	Pulmonary emphysema and fibrosis	Unknown

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

OPERATIONS, AUTOPSY 1
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 1
22. I HEREBY CERTIFY THAT VA ATTENDED THE DECEASED FROM 9/22/53, 19 , TO 9/27/53 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, AND THAT DEATH OCCURRED AT 3:05 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE [signature] (DEGREE OR TITLE) B.M.Lipschultz, M.D., Chief Medical Service
23B. ADDRESS VA Hospital, Phoenix, Arizona
23C. DATE SIGNED 9-28-53

FUNERAL DIRECTOR AND REGISTRAR 85 2 1119
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE SEPT. 29 1953
24C. NAME OF CEMETERY OR CREMATORY GREENWOOD
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA
25A. DATE REC'D BY LOCAL REG. 9/28/53
25B. REGISTRAR'S SIGNATURE Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE HENRY T. FORMAN ADDRESS
27. EMBALMER'S SIGNATURE George M. Blake CERT. NO. 285
ARIZONA FUNERAL HOME

FORM VS 2 REV. 1-1-53