ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6144

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2253

1. PLACE OF DEATH

A. COUNTY: Maricopa

B. LENGTH OF STAY — IN THIS TOWN: 5 Days — IN ARIZONA: 72 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): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE: Arizona. B. COUNTY: Gila

C. CITY OR TOWN: Miami — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 298 Live Oak St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Edwin B. (MIDDLE) Spencer C. (LAST) Davis

4. SEX: Male

5. COLOR OR RACE: White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Priscilla Davis

7. DATE OF BIRTH — MONTH: June DAY: 19 YEAR: 1879

8. AGE (IN YEARS LAST BIRTHDAY): 74 Yrs. — 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): Accountant

9B. KIND OF BUSINESS OR INDUSTRY: Land Office

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah

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): No

13. SOCIAL SECURITY NO.: 526-05-0873

14A. FATHER'S NAME: William Charlie Davis

14B. BIRTHPLACE (STATE OR COUNTRY): England

15A. MOTHER'S MAIDEN NAME: Annie Williamson

15B. BIRTHPLACE (STATE OR COUNTRY): Norway

16. INFORMANT'S SIGNATURE: Edwin B. Davis — ADDRESS: Miami, Ariz.

17. DATE OF DEATH — (MONTH) October (DAY) 21, (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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡: (A) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-19-53

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Prostate

20. AUTOPSY? YES ☐ NO ☒

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 10-19, 1953 TO 10-21, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 10-21, 1953, AND THAT DEATH OCCURRED AT 6 00 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Paul L. Wright (DEGREE OR TITLE) M.D.

23B. ADDRESS: 1313 N. 2 nd St, Phoenix

23C. DATE SIGNED: 10-21-53

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: Oct 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Miami, Arizona

25A. DATE REC'D BY LOCAL REG.: 10/21/53

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Miles Mortuary — ADDRESS: Miami, Arizona

27. EMBALMER'S SIGNATURE: T. Roy Miles Jr. — CERT. NO. 244A

FORM VS 7 REV. 1-1-53