ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6272

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2218

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 24 yrs. IN ARIZONA: 24 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): Biltmore Hotel - 24 St & Camelback Rd.

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): Biltmore Hotel

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Harry B. (MIDDLE) J. C. (LAST) Boyle

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Letha Boyle
7. DATE OF BIRTH — MONTH: Jan. DAY: 17 YEAR: 1888
8. AGE (IN YEARS LAST BIRTHDAY): 65 — 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): Hotel Manager
9B. KIND OF BUSINESS OR INDUSTRY: Hotel
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Penna.
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: George Boyle
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Mary Heinz
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Letha Boyle (wife) — ADDRESS: Same
17. DATE OF DEATH: October (MONTH) 16 (DAY) 1953 (YEAR)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 431 X
‡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) dissecting aneurysm of abdominal aorta — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) generalized arteriosclerosis — dk
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 ☒

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 9-17, 1953, TO 10-16, 1953. THAT I LAST SAW THE DECEASED ALIVE ON 10-13, 1953, AND THAT DEATH OCCURRED AT 8:20 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Robert J. Flynn M.D. — DEGREE OR TITLE
23B. ADDRESS: 5503 St. Thomas
23C. DATE SIGNED: Oct. 20, 1953

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Oct. 21, 1953
24C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 10/20/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27. EMBALMER'S SIGNATURE: [illegible]
ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA
CERT. NO.: 326

FORM VS 2 REV. 1-1-53