Coroll file

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6901

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2429

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 23yrs. IN ARIZONA: 50 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): MARICOPA COUNTY GENERAL 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): 33 No. 11th. St.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): PHILIP B. (MIDDLE): L. C. (LAST): GREEN

4. SEX: Male
5. COLOR OR RACE: Negro
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE: Grace
7. DATE OF BIRTH — MONTH: Apr. DAY: 11 YEAR: 1891
8. AGE (IN YEARS LAST BIRTHDAY): 62
IF UNDER 1 YEAR — MONTHS: 7 DAYS: 5 HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Barber
9B. KIND OF BUSINESS OR INDUSTRY: Barber
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ark.
11. CITIZEN OF WHAT COUNTRY? USA
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.:
14A. FATHER'S NAME: Nelson Greene
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Philip L. Greene, Jr. ADDRESS: 315 W. Tonto
17. DATE OF DEATH — (MONTH): November (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 — INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Coronary occlusion — 2 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)
II. 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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 15, 1953, TO Nov. 15, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Nov. 15, 1953, AND THAT DEATH OCCURRED AT 2:12 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Joseph F. Milan, MD (DEGREE OR TITLE)
22B. ADDRESS: Maricopa Co. General Hospital
22C. DATE SIGNED: 11-16-53

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☐ (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 19th., 53
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Pk.
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoeniz, Ariz
26A. DATE REC. BY LOCAL REG.: 11/17/53
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: John H. Webber #145
27B. ADDRESS: 1641 E. Jefferson

FORM VS-2 REV. 6-1-53 AMPCO 20385