ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7470

CERTIFICATE OF DEATH

BIRTH NO. 14720

REGISTRAR'S NO. 2740

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: All life
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): D.O.A. at Memorial 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): 923 W. Tonto Apt. 284

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Virgil B. (MIDDLE) C. (LAST) HARDIN

4. SEX: Male
5. COLOR OR RACE: Negro
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Aug. DAY 2 YEAR 1953
8. AGE (IN YEARS LAST BIRTHDAY): -
IF UNDER 1 YEAR: MONTHS 4 DAYS 17
IF UNDER 24 HRS.: HOURS - MIN. -
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Child
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: None
14A. FATHER'S NAME: Richard Hardin
14B. BIRTHPLACE (STATE OR COUNTRY): Conn.
15A. MOTHER'S MAIDEN NAME: Florence Wagner
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Richard C. Hardin ADDRESS: Phoenix, Arizona
17. DATE OF DEATH (MONTH) DECEMBER (DAY) 19 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Apparently bronchopneumonia - no external indication of violence or foul play observed
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

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~~ VIEWED THE DECEASED ~~FROM~~ 20 Dec, 1953, TO ____, 19__ ~~THAT I LAST SAW THE DECEASED ALIVE ON~~ ____, 19__, AND ~~THAT DEATH OCCURRED AT~~ 11 a. ~~MORNING THE CAUSES AND ON THE DATE STATED ABOVE.~~
22A. SIGNATURE: Raymond Gordon (DEGREE OR TITLE) Med Examiner
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 12-20-53

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
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: Alf J. Flood Coroner
24B. ADDRESS: Maricopa County Court House
24C. DATE SIGNED: 12/21/53

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-23-53
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 12/22/53
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Hartwell E. Ragsdale II
27B. ADDRESS: RAGSDALE MORTUARY 1100 E. Jefferson St. PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 70385