ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7625

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2800

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 hrs; IN ARIZONA 3 wks
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 Co. General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Oregon
B. COUNTY: Marion
C. CITY OR TOWN: Salem — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Fairground Road

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

4. SEX: Female **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Never Married

6B. NAME OF SPOUSE: None

7. DATE OF BIRTH: MONTH June DAY 27 YEAR 1953

8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR: MONTHS 6 DAYS 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): Oregon

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): None

13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: Joseph Casey

14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma

15A. MOTHER'S MAIDEN NAME: Laura Terrault

15B. BIRTHPLACE (STATE OR COUNTRY): New York

16. INFORMANT'S SIGNATURE: Joseph Casey ADDRESS: Gen. Del. Buckeye, Ariz.

17. DATE OF DEATH (MONTH) December (DAY) 27 (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

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. Diarrhea - dehydration

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

21. I HEREBY CERTIFY THAT I ~~ATTENDED~~ VIEWED **THE DECEASED FROM** 12-27, 1953, ~~TO ____, 19__; THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__; AND THAT DEATH OCCURRED AT~~ 1:35 a.m. ~~FROM THE CAUSES AND ON THE DATE STATED ABOVE.~~

22A. SIGNATURE Daniel Gordon **(DEGREE OR TITLE)** Med Examiner **22B. ADDRESS** Phoenix **22C. DATE SIGNED** 12-27-53

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY) Natural Cause **23B. PLACE OF INJURY** (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 7 mi. west of **23C.** (CITY OR TOWN) (COUNTY) (STATE) Buckeye, Mari. Ariz.

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M **23E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **23F. HOW DID INJURY OCCUR?**

24A. CORONER'S SIGNATURE Lee Mack Coroner **24B. ADDRESS** Buckeye, Ariz. **24C. DATE SIGNED** 12/31/53

25A. BURIAL ☐ **CREMATION** ☐ **REMOVAL** ☒ **25B. DATE** 12/28/53 **25C. NAME OF CEMETERY OR CREMATORY** **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE) Buckeye, Ariz.

26A. DATE REC. BY LOCAL REG. 1/4/54 **26B. REGISTRAR'S SIGNATURE** Burlas Johnston **27A. FUNERAL DIRECTOR'S SIGNATURE** Paul M. Lawley **27B. ADDRESS** Buckeye, Ariz.

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