

Edenroth, T. E. A. von MD
102 No. Country Club Rd.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

523
60

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.				
1 11 2 AND 44 AL RESIDENCE 0322	1. PLACE OF DEATH A. COUNTY Pima	B. LENGTH OF STAY IN THIS TOWN 26 yrs. IN ARIZONA 26 yrs.	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima			
	C. CITY OR TOWN Tucson	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Tucson Medical Center	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	D. STREET ADDRESS 40 East 14th. St. (IF RURAL, GIVE LOCATION)			
PRECEDENT PERSONAL DATA 176 4 154	3. NAME OF DECEASED (TYPE OR PRINT) John A. (FIRST) B. (MIDDLE) - - - - C. (LAST) Greenwood	4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Lillian Greenwood	7. DATE OF BIRTH MONTH DAY YEAR 6 7 77	8. AGE (IN YEARS LAST BIRTHDAY) 76	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) Salesman		
	9B. KIND OF BUSINESS OR INDUSTRY Mercantile	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Cassville, Mo.	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 526-10-5197	
	14A. FATHER'S NAME Wallace Greenwood	14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	15A. MOTHER'S MAIDEN NAME Martha H. Wilson	15B. BIRTHPLACE (STATE OR COUNTRY) Missouri		
16. INFORMANT'S SIGNATURE James B. Greenwood		ADDRESS Pouison Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 12, 1954		
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 526Y THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, 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) Congestive heart failure (B) Bronchietis (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY	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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
DEATH DUE TO EXTERNAL VIOLENCE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Jan 16, 1954 AND THAT DEATH OCCURRED AT 2.30 AM, Jan 5, 1954 TO Jan 12, 1954 THAT I LAST SAW THE DECEASED M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE T. E. A. von Edenroth M.D.		23B. ADDRESS 1002 No. Coutry Club Rd.		23C. DATE SIGNED 1-12-54	
FUNERAL DIRECTOR AND REGISTRAR 55 2 126	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 1-15-54	24C. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
	25A. DATE REC'D BY LOCAL REG. 1-15-54		25B. REGISTRAR'S SIGNATURE James B. Greenwood		25C. FUNERAL DIRECTOR'S SIGNATURE Clain Bring Bring's Funeral Home ADDRESS CERT. NO. 260 A	
				27. EMBALMER'S SIGNATURE Arthur J. Adams		