ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4487

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1817

1. PLACE OF DEATH A. COUNTY: Maricopa	B. LENGTH OF STAY IN THIS TOWN: 18 yrs. IN ARIZONA: 18 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): Veterans Administration 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): 1422 E. Washington St.	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
LEE	O.	BEARDEN	M	White	Married

6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH	DAY	YEAR	8. AGE (IN YEARS LAST BIRTHDAY)	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)
Frankie Bearden	2	19	82	72					Mgr. Second hand store

9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)	(IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
- - -	Texas	USA	Yes	WW I	527 01 1718

14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)
Amos Bearden	Tennessee	Annie Robinson	Mississippi

16. INFORMANT'S SIGNATURE / ADDRESS: VA Hospital Records, Phoenix, Arizona

17. DATE OF DEATH (MONTH) August (DAY) 28 (YEAR) 1954

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). 162X
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Bronchogenic Carcinoma, right lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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.

PLACE DISEASE CONTRACTED.

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

21. I HEREBY CERTIFY THAT VA ATTENDED THE DECEASED FROM 7-25, 1954, TO 8-28, 1954, ~~XXXXXXXXXXXXXXXXXX~~ AND THAT DEATH OCCURRED AT 7:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): S.R.Kates, M.D., Acting Chief, Medical Service
22B. ADDRESS: VA Hospital, Phoenix, Arizona.
22C. DATE SIGNED: 8-30-54

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 8-31-54
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 8/31/54
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry T. Toman
ARIZONA FUNERAL HOME
27B. ADDRESS: Phoenix, Arizona

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

Left margin: OF DEATH 17 AND 29 RESIDENCE 047 1 1 DECEDENT 1 PERSONAL 772 DATA 4 954 CAUSE OF DEATH (ITEM 18) 0 0 OPERATIONS, AUTOPSY 1 MEDICAL CERTIFICATION 7 DEATH DUE TO EXTERNAL VIOLENCE CORONER'S CERTIFICATION 1 FUNERAL DIRECTOR AND REGISTRAR 85 2 118