

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1675

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>10 Yrs.</u> IN ARIZONA <u>10 Yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Samaritan Hospital</u>				C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <u>Lloyd</u> B. (MIDDLE) <u>E.</u> C. (LAST) <u>Twaddell</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
	6B. NAME OF SPOUSE <u>Nona Twaddell</u>		7. DATE OF BIRTH MONTH <u>Nov.</u> DAY <u>27</u> YEAR <u>1886</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>	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) <u>Ret. Farmer</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Wheat Farmer</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>
CAUSE OF DEATH TEM 18)	14A. FATHER'S NAME <u>Solon Twaddell</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Mast</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>
	16. INFORMANT'S SIGNATURE <u>Nona Twaddell</u> ADDRESS <u>Wife 1226 E Moreland Phoenix</u>			17. DATE OF DEATH (MONTH) <u>August</u> (DAY) <u>8</u> (YEAR) <u>1954</u>			
	18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), (C). <u>163X</u> ‡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) <u>Carcinoma of Lung</u> 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
MEDICAL CERTIFICATION	19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10-22-54</u> , 19 <u>54</u> , TO <u>8-8-54</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>8-07</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>1:05</u> P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>J. K. Kramer</u> (DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>926 E McDowell</u>		22C. DATE SIGNED <u>8-9-54</u>		
	23A. ACCIDENT (SPECIFY) _____ SUICIDE _____ HOMICIDE _____ NATURAL CAUSE _____		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____		23C. (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ M _____		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? _____		
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE _____		24B. ADDRESS _____		24C. DATE SIGNED _____		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE <u>8-10-54</u>		25B. NAME OF CEMETERY OR CREMATORY <u>Greenwood Memorial</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>8/9/54</u>		26B. REGISTRAR'S SIGNATURE <u>Beulah Johnston</u>		27A. GENERAL DIRECTOR'S SIGNATURE <u>Edwin S. Sidner</u>		27B. ADDRESS <u>Phoenix, Arizona</u>