

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5017 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO. 49

BIRTH NO.

PLACE OF DEATH 04 5 AND 71 AL RESIDENCE 0402	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY <u>62 Yrs</u> IN THIS TOWN <u>62 Yrs</u> IN ARIZONA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>			
	C. CITY OR TOWN <u>Miami</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS				C. CITY OR TOWN <u>Miami</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miami-Inspiration Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Golden Hill (Midland City)</u>			
DECEDENT PERSONAL DATA 70 7 954	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Joseph</u> B. (MIDDLE) <u>A.</u> C. (LAST) <u>Phillips</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>Jennie</u>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>27</u> YEAR <u>1884</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>70 Yrs</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOUR _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Paymaster</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</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>526-07-1748</u>		
14A. FATHER'S NAME <u>(Edward C. Phillips)</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Selina Layton</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		
16. INFORMANT'S SIGNATURE <u>Edward C. Phillips</u>				ADDRESS <u>Miami, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Sept. 12, 1954</u>		
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <u>43001</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>Myocardial Infarction</u> 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.				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"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9 Sept. 54</u> TO <u>12 Sept. 54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>12 Sept. 54</u> AT <u>7:58</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
OPERATIONS, AUTOPSY	22A. SIGNATURE <u>H. A. Phillips M.D.</u>		22B. ADDRESS <u>Miami, Arizona</u>		22C. DATE SIGNED <u>9/13/54</u>			
	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)			
MEDICAL CERTIFICATION	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?			
	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
DEATH DUE TO EXTERNAL VIOLENCE	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Sept. 14, 1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Safford Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford, Arizona</u>	
	26A. DATE REC. LOCAL REG. <u>9/14/1954</u>		26B. REGISTRAR'S SIGNATURE <u>Alfred D. Brayton</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		27B. ADDRESS	