

1154

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO. 3067

REGISTRAR'S NO. 1133

794 DEATH X EVIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 33 yrs 33 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 2434 W. Apache			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2434 W. Apache		
1 NT VAL 78 4 649	3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) Marion C. (LAST) Jones			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 3 DAY 1 YEAR 71		8. AGE YEARS 78 MONTHS 3 DAYS 2		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Retired Farmer
	9B. KIND OF BUSINESS OR INDUSTRY Farming	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Decatur, Arkansas - USA	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 No		13. SOCIAL SECURITY NO. None
	14A. FATHER'S NAME John H. Jones		14B. BIRTHPLACE (STATE OR COUNTRY) No. Carolina	15A. MOTHER'S MAIDEN NAME Mary Buckner		15B. BIRTHPLACE (STATE OR COUNTRY) No. Carolina.
	16. INFORMANT'S SIGNATURE Mrs. Ora May Jones, 2434 W. Apache, Phoenix.			17. DATE OF DEATH (MONTH) 6 (DAY) 3 (YEAR) 1949		
SE 4437 H 18) 9	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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Hypertension - Antihypertensive cardio-vascular disease 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 Prostatic Hypertrophy		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"/>		
H TO VAL NCE	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		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
VAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 19 1947 TO June 2 1949. THAT I LAST SAW THE DECEASED ALIVE ON June 19 1949. AND THAT DEATH OCCURRED AT 5:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Charles E. Henderson M.D.		23B. ADDRESS Phoenix Arizona		23C. DATE SIGNED 4 June 49	
VAL FOR RAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE June 8, 1949	24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona.		
	25A. DATE REC'D BY LOCAL REG. JUN 8 1949	25B. REGISTRAR'S SIGNATURE Mrs. Carl D. Hughes		25C. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. L. Murphy Whitney Funeral Home, 330 N 2nd Ave., PHX.		