ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2439

CERTIFICATE OF DEATH

BIRTH NO. 27 27

REGISTRAR'S NO. 1063

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: 26 Yrs; IN ARIZONA: 26 Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4211 N. 19th Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4211 N. 19th St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mathew; B. (MIDDLE) Andrew; C. (LAST) POSEY
4. SEX: MALE
5. COLOR OR RACE: WHITE
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
7. DATE OF BIRTH: MONTH Unk; DAY; YEAR
8. AGE: YEARS 86; MONTHS; DAYS; IF UNDER 24 HOURS: HOURS; MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: None
14A. FATHER'S NAME: Wm Posey
14B. BIRTHPLACE (STATE OR COUNTRY): Mo
15A. MOTHER'S MAIDEN NAME: Wallace
15B. BIRTHPLACE (STATE OR COUNTRY): Unk
16. INFORMANT'S SIGNATURE: Lyale D. Posey; ADDRESS: Prescott, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): April 28, 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4280
+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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: One yr
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.

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL & CORONER'S CERTIFICATION

22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM July 25 51 TO April 28 52, THAT I LAST SAW THE DECEASED ALIVE ON March 52, AND THAT DEATH OCCURRED AT 7:30 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Louis Katz (DEGREE OR TITLE) M.D
23B. ADDRESS: 802 E. Indian School Rd
23C. DATE SIGNED: 4/30/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 4-30-52
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Phoenix
25A. DATE REC'D BY LOCAL REG.: 4/30/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Foreman
ADDRESS
27. EMBALMER'S SIGNATURE: Don Cannon
CERT. NO.: 150

FORM VS 2 REV. 2M