

1068

CERTIFICATE OF DEATH

BIRTH NO. 27 27 AGE OF DEATH 17 AND 17 USUAL RESIDENCE Glendale	1. PLACE OF DEATH A. COUNTY Maricopa C. CITY OR TOWN Glendale		2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN Glendale		3. NAME OF DECEASED (TYPE OR PRINT) HORACE GORDON HAMMOND		4. SEX Male		5. COLOR OR RACE White	
	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 Yrs. 17 Yrs		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR ADDRESS OR LOCATION) INSTITUTION 30 East "D" Ave.		E. (MIDDLE) GORDON		F. (FIRST) HAMMOND		G. (LAST) HAMMOND	
DECEDENT PERSONAL DATA 1/6/68 4 253	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH DAY 23 MONTH 10 YEAR 1886		8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS.) DAYS MONTHS YEARS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Clerk		9B. SOCIAL SECURITY NO. 527-12-2718	
	9B. KIND OF BUSINESS OR INDUSTRY Grocery Store Georgia		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S. A.		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. BIRTHPLACE (STATE OR COUNTRY) Tennessee	
CAUSE OF DEATH (ITEM 18) 00	14A. FATHER'S NAME John Augusta Hammond		14B. BIRTHPLACE (STATE OR COUNTRY) Tennessee		14C. ADDRESS Glendale, Arizona		15. MOTHER'S MAIDEN NAME Charles		16. DATE OF DEATH February 15 1953	
	16. INFORMANT'S SIGNATURE Mrs. Carrie Hammond		17. DATE OF DEATH February 15 1953		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (A) <u>Carcinoma of Pancreas</u> (B) <u>due to (B)</u> (C) <u>due to (C)</u> ↑ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		19. MEDICAL CERTIFICATION 19A. DATE OF OPERATION 11-13-52 19B. MAJOR FINDINGS OF OPERATION Carcinoma of head of Pancreas 19C. SIGNATURE Phyllis E. Rice, M.D. 19D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) 7 - 14 19 53 19E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 19F. HOW DID INJURY OCCUR 19G. SIGNATURE Phyllis E. Rice, M.D. 19H. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) 9-2 19 52 19I. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 19J. HOW DID INJURY OCCUR 19K. SIGNATURE Phyllis E. Rice, M.D. 19L. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) 2-15 19 53 19M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
OPERATIONS, AUTOPSY DEATH DUE TO EXTERNAL VIOLENCE MEDICAL OR CORONER'S CERTIFICATION	21A. ACCIDENT SUICIDE HOMICIDE		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) (MINUTE)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 2-14-1953 AND THAT DEATH OCCURRED AT 4:35 A.M.		23A. SIGNATURE Phyllis E. Rice, M.D.		23B. ADDRESS (DEGREE OR TITLE) Glendale, Arizona		23C. DATE SIGNED 2-16-53		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
FUNERAL DIRECTOR AND REGISTRAR 32 17	24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 2/18/53		24C. CEMETERY OR CREMATORY Greenwood Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Lundberg, Glendale, Ariz	
	25A. DATE REC'D BY LOCAL REG. 2-17-53		25B. REGISTRAR'S SIGNATURE Etta Butler, Deputy		25C. REGISTRAR'S SIGNATURE Phyllis E. Rice, M.D.		25D. REGISTRAR'S SIGNATURE Phyllis E. Rice, M.D.		25E. REGISTRAR'S SIGNATURE Phyllis E. Rice, M.D.	