

1068

CERTIFICATE OF DEATH

BIRTH NO. 27 27 AGE OF DEATH 17 AND 17 USUAL RESIDENCE X	1. PLACE OF DEATH A. COUNTY Maricopa C. CITY OR TOWN Glendale		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 Yrs. 17 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona C. CITY OR TOWN Glendale D. STREET ADDRESS 30 East "D" Ave.		REGISTRAR'S NO. 20		
	3. NAME OF DECEASED (TYPE OR PRINT) HORACE GORDON		C. (MIDDLE) GORDON		4. SEX Male		5. COLOR OR RACE White		
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. LAST BIRTHDAY) 66		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		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	
14A. FATHER'S NAME John Augusta Hammond		14B. BIRTHPLACE (STATE OR COUNTRY) Tennessee		14C. ADDRESS Hammond		15A. MOTHER'S MAIDEN NAME Quarles		15B. BIRTHPLACE (STATE OR COUNTRY) Tennessee	
16. INFORMANT'S SIGNATURE Mrs. Carrie Hammond		16. ADDRESS Glendale, Arizona		17. DATE OF DEATH February 15 1953		17. (DAY) (MONTH) (YEAR)		INTERVAL BETWEEN ONSET AND DEATH about 6 mo	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). X 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. 11-13-52 Carcinoma of head of Pancreas 11-13-52 Carcinoma of Pancreas		18. MEDICAL CERTIFICATION		19. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) Carcinoma of Pancreas		19. DUE TO (B) DUE TO (C)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 2-14-53 TO 2-15-53, AND THAT DEATH OCCURRED AT 4:35 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE PHILIP E. RICE, M.D.		23B. ADDRESS Glendale, Arizona		23C. DATE SIGNED 2-16-53		23D. THAT I LAST SAW THE DECEASED	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 2/18/53		24C. ARIZONA 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		25D. REGISTRAR'S SIGNATURE		25E. REGISTRAR'S SIGNATURE	