

2546

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 141  
Registrar's No. 1749

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 4 days; In Community 62 years; In Arizona 62 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. 2526 N 10th St; (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME Lloyd B Christy (b) If Veteran name war no (c) Social Security No. 61

4. Sex M 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Mary Christy 6. (c) Age of husband or wife, if alive. 77 yrs.  
7. Birthdate of deceased March 10, 1868  
(Month) (Day) (Year)  
8. AGE: Years 77 Months 7 Days 28 If less than one day hrs. min.  
9. Birthplace Oceola, Iowa  
(City, town or county) (State or Country)  
10. Usual Occupation  
11. Industry or Business Real Estate, Insurance & Loans  
Father { 12. Name William Christy  
13. Birthplace unk. New York  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Carrie Bennett  
15. Birthplace New York  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary Christy  
(b) Address 2526 N 10th St, Phoenix, Ariz.  
17. (a) Burial, Cremation or Removal Cremation  
(b) Place Greenwood-Phx (c) Date Nov 12 19 45  
18. (a) Embalmer's Signature Stanley Clegg  
(b) Funeral Director A L Moore & Sons  
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) NOV 9 1945  
(b) Dr J Hughes MD  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) November 8, 19 45  
TIME (Hour and minute) 2:30 A. M.  
21. I hereby certify that I attended the deceased from Nov 1, 19 45 to Nov 8, 19 45  
that I last saw him alive on Nov 7, 19 45  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cardiac Failure & Uremia  
Hypertension, Coronary Heart Disease & nephrosclerosis  
Due to Senile degeneration years  
Other conditions Diabetes Mellitus years  
(Include pregnancy within three months of death)  
Major findings: none  
Of operations no  
Of autopsy no

DURATION 10 days  
2 yrs  
years  
PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  
While at work? (e) Means of injury  
23. Signature J. H. ... M.D.  
Address Phoenix, Ariz. 1-8-45