

CERTIFICATE OF DEATH

REGISTRAR'S NO. 172

1 27  
OF DEATH  
AND 80  
RESIDENCE  
1955

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>10</b> days IN ARIZONA <b>25</b> yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>			
C. CITY OR TOWN <b>Mesa</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Tempe</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southside Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>520 W. 17th St.</b>			
3. NAME OF DECEASED (TYPE OR PRINT) <b>JANET FLETCHER WALKER</b>			4. SEX <b>F</b>	5. COLOR OR RACE <b>W</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		
6B. NAME OF SPOUSE <b>Robert E. Walker</b>		7. DATE OF BIRTH <b>Dec. 23 1931</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>23</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Teacher</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Teaching</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>Unk.</b>		
14A. FATHER'S NAME <b>Leslie W. Fletcher</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Canada</b>	15A. MOTHER'S MAIDEN NAME <b>Trinnie Dawson</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Colorado</b>		
16. INFORMANT'S SIGNATURE <b>Mr. Robert E. Walker, (husb)</b>				ADDRESS <b>Same</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>AUGUST 24 1955</b>	

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CAUSE OF DEATH (EM 18)

18. CAUSE OF DEATH ENTER ONE OR MORE CAUSES ON LINE FOR (A), (B), (C). 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 CONTRACTED:	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <b>Lacerations</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Injury from auto accident</b>			<b>10 days</b>
	3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Basal + frontal skull fracture</b>			<b>10 days</b>
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

RELATIONS, AUTOPSY  
MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **8/14/55**, 19\_\_\_, TO **8/24/55**, 19\_\_\_, THAT I LAST SAW THE DECEASED ALIVE ON **8/24/55**, 19\_\_\_, AND THAT DEATH OCCURRED AT **6:50 P.** M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.

22A. SIGNATURE **Richard O Flynn** (DEGREE OR TITLE) **MD**

22B. ADDRESS **824 Mill Ave. Tempe, Arizona**

22C. DATE SIGNED **Aug. 26, 1955**

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) **Auto Accident**

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) **Street**

23C. (CITY OR TOWN) (COUNTY) (STATE) **Tempe Arizona**

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY **8 14 55 P. M.**

23E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

23F. HOW DID INJURY OCCUR? **Auto accident**

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE **Ralph W. Fowler** Coroner

24B. ADDRESS **Tempe - Mesa, Arizona**

24C. DATE SIGNED **Aug. 26, 1955**

GENERAL DIRECTOR AND REGISTRAR

25A. BURIAL  CREMATION  REMOVAL

25B. DATE **Aug. 27, 1955**

25C. NAME OF CEMETERY OR CREMATORY **Greenwood Memorial Park**

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Phoenix, Arizona**

26A. DATE REC. BY LOCAL REG. **8-26-55**

26B. REGISTRAR'S SIGNATURE **Genevieve Muldrew**

26C. FUNERAL DIRECTOR'S SIGNATURE **Dep. J. Lee Moore**

26D. ADDRESS **A. L. MOORE & SONS PHOENIX, ARIZONA**