

1. PLACE OF DEATH

County MaricopaState ArizonaState File No. 2521Registered No. 175

Township

or Village

City PhoenixNo. Biltmore Home

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME William Wrigley Jr.(a) Residence: No. Biltmore Home St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) MarriedMaleWhite5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada E. Wrigley6. DATE OF BIRTH (month, day, and year) Sept 30, 1861

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

70326

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Financier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

MOTHER

12. BIRTHPLACE (city or town) Philadelphia
(state or country) Pennsylvania13. NAME William Wrigley14. BIRTHPLACE (city or town) Philadelphia,
(State or country) Pennsylvania15. MAIDEN NAME Mary Ladley16. BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania17. INFORMANT P. K. Wrigley
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Catalina Island, Date Jan 27, 193219. UNDERTAKER A. L. MOORE & SONS(Address) Phoenix, Arizona20. Filed 1-27, 1932 R. P. Carey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26, 193222. I HEREBY CERTIFY That I attended deceased from Jan 18, 1932 to Jan 26, 1932Last saw him alive on 1/26, 1932 death is said to have occurred on the date stated above, at 2:45 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 1/26/32
Cerebral Thrombosis 1/18/32
+ Myocarditis of
long standing
with the regurgitant
interosseal valve

Date of onset

Other contributory causes of importance.

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. B. ...

M. D.

(Address) Phoenix, Ariz