

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **10937**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **4347**

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 10 yrs IN ARIZONA 10 yrs		2. USUAL RESIDENCE A. STATE Arizona			(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Maricopa				
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix			<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION Arizona State Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 719 West McDowell Rd. (Rear)			E. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) JOHN B. (MIDDLE) WILLIAM C. (LAST) SCOTT			4. SEX M	5. COLOR OR RACE Caucasian		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married					
	6B. NAME OF SPOUSE Evelyn Scott		7. DATE OF BIRTH MONTH 9 DAY 7 YEAR 1887		8. AGE (IN YEARS LAST BIRTHDAY) 75		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Machinist	
	9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO.			
	14A. FATHER'S NAME Carrigan Scott			14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Mary McAleese			15B. BIRTHPLACE (STATE OR COUNTRY) Ohio			
	16. INFORMANT'S SIGNATURE ADDRESS Arizona State Hospital Records					17. DATE OF DEATH (MONTH) December (DAY) 2 (YEAR) 1962						
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Bronchopneumonia DUE TO (B) Arteriosclerotic Heart Disease DUE TO (C) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH 5 days		Unknown	Unknown
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-15- 19 61 TO 12-2- 19 62 , THAT I LAST SAW THE DECEASED ALIVE ON 12-1- 19 62 , AND THAT DEATH OCCURRED AT 6:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
MEDICAL CERTIFICATION DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE George S. Saravia (DEGREE OR TITLE) M.D., Director			22B. ADDRESS 2500 East Van Buren, Phoenix			22C. DATE SIGNED 12-3-62					
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE George S. Saravia		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)						
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?							
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED					
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 12-5-62		25C. NAME OF CEMETERY OR CREMATORY Holy Trinity			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Erie, Penn.				
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 12/5/62		26B. REGISTRAR'S SIGNATURE Bessie Johnston			27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy			27B. ADDRESS 330 N. 2d Ave., Phx			
	28A. EMBALMER'S SIGNATURE H. L. Murphy					28B. EMBALMER'S CERT. NO. 141-A						
FORM 10-2 REV. 5-9-59 Whitney & Murphy Funeral Home, Phoenix.												