

CERTIFICATE OF DEATH

BIRTH NO. 1777 PLACE OF DEATH AND RESIDENCE Maricopa Phoenix 10/20/52	1. PLACE OF DEATH A. COUNTY: Maricopa C. CITY OR TOWN: Phoenix		2. USUAL RESIDENCE A. STATE: Arizona C. CITY OR TOWN: Phoenix D. STREET ADDRESS: 3215 N. 21st. Place		3. NAME OF DECEASED A. (FIRST): Frank B. (MIDDLE): D. C. (LAST): Scott		4. SEX: Male 5. COLOR OR RACE: White		
	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA: 4 mos C. IN CITY LIMITS: <input checked="" type="checkbox"/>		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married 7. DATE OF BIRTH: Sept. 10, 1889		8. AGE (IN YEARS) LAST BIRTHDAY: 63 9. USUAL OCCUPATION: Labor		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla. 11. CITIZENSHIP: USA		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: Unknown 14. FATHER'S NAME: Unknown 15. MOTHER'S MAIDEN NAME: Unknown		16. INFORMANT'S SIGNATURE: Mrs. I. M. Byrnes 17. DATE OF DEATH: October 18, 1952		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (A) <i>fr. of pt. hip</i> (B) <i>Cerebral accident</i> (C) <i>to Oct 18-52</i>		19. DATE OF OPERATION: 10-13-52 20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): <i>phoen. av</i> 21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Oct 11, 1952</i> TO <i>Oct 15, 1952</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Oct 12, 1952</i> AND THAT DEATH OCCURRED AT <i>10:00 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23A. SIGNATURE: <i>Stanford Black</i>		24. BURIAL: <input type="checkbox"/> CREMATION: <input type="checkbox"/> 24B. DATE: Oct. 21, 1952 24C. NAME OF CEMETERY OR CREMATORY: <i>Green Olive Plow</i>		25. DATE REC'D BY LOCAL REG: 10/20/52 25B. REGISTRAR'S SIGNATURE: <i>Emmy Ruth Ginsbury</i>		26. FUNERAL DIRECTOR'S SIGNATURE: Guthrie 27. ADDRESS: <i>Okla. 4-15-52</i>		28. REGISTRAR'S SIGNATURE: <i>John T Young</i> 29. ADDRESS: <i>300</i>	