ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 188

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 275

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY: IN THIS PLACE 14 yrs; IN ARIZONA 14 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 822 North 5th Avenue

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Bessie
B. (MIDDLE):
C. (LAST): Mays

4. SEX: female
5. COLOR OR RACE: white

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
7. DATE OF BIRTH: MONTH 6, DAY 7, YEAR 1885
8. AGE: YEARS 66, MONTHS 7, DAYS 20
IF UNDER 24 HOURS: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): At Home
9B. KIND OF BUSINESS OR INDUSTRY: ~~XXXXXXXXXXXXXX~~
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Macon, Georgia
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: August Castigan
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs. Betty L. McMaken, Phoen x, Arizona. ADDRESS
17. DATE OF DEATH: (MONTH) January (DAY) 27, (YEAR) 1952

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Peril Artin O Sclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 24, 1952 TO Jan 27, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Jan 27, 1952, AND THAT DEATH OCCURRED AT 11:25 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Joseph L. Bufford
23B. ADDRESS: 243 E. McDowell
23C. DATE SIGNED: 1-29-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 1-31-52
24C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona.

25A. DATE REC'D BY LOCAL REG.: 1/30/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: H. L. Murphy
27. EMBALMER'S SIGNATURE: H. L. Murphy
ADDRESS: Whitney & Murphy Funeral Home, Phoenix, Arizona.
CERT. NO.: 1419

FORM VS 2 REV. 20M