ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4024

CERTIFICATE OF DEATH

BIRTH NO. 05 05 33 76 047 5

REGISTRAR'S NO. 59

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford
C. LENGTH OF STAY IN THIS PLACE: 10 days; IN ARIZONA: 10 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Gen Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford (rural)
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2 miles east of Safford

DECEDENT PERSONAL DATA 5 1 2

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Robert B. (MIDDLE) Leon C. (LAST) Scroggins
4. SEX: M
5. COLOR OR RACE: negro
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH June DAY 5 YEAR 1915
8. AGE: YEARS 37 MONTHS 1 DAYS 16
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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)
13. SOCIAL SECURITY NO. 449-24-7881
14A. FATHER'S NAME: Matthew Scroggins
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Susie Harvy
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Lenore Scroggins
ADDRESS: Box 3[illegible] Safford Ariz.
17. DATE OF DEATH: MONTH July DAY 21 YEAR 1952

CAUSE OF DEATH (ITEM 18) 8234 0 0

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 — INTERVAL BETWEEN ONSET AND DEATH: 11 hours

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 2

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

DEATH DUE TO EXTERNAL VIOLENCE 31 05 3

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): highway 70
21C. (CITY OR TOWN) (COUNTY) (STATE): Pima Graham Ariz.
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): July Sunday 20 1952 3 pm
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? auto accident — tire blew out car turned over

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/20/52 19____ TO 7/21/52 19____ THAT I LAST SAW THE DECEASED ALIVE ON 7/21/52 19____ AND THAT DEATH OCCURRED AT 3 a.m., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: John W Lucas (DEGREE OR TITLE) M D
23B. ADDRESS: Safford Ariz.
23C. DATE SIGNED: 7/22/52

FUNERAL DIRECTOR AND REGISTRAR 25 2

24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: 7-23-52
24C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz.
25A. DATE REC'D BY LOCAL REG.: July 25/52
25B. REGISTRAR'S SIGNATURE: J N Stratton M.D. Deputy C.H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W H Caldwell
ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W H Caldwell
CERT. NO. 291

8 2 0105

FORM VS 2 REV. 3/50 15M