ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1042

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 492

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 40 yrs. IN ARIZONA: 43 yrs.
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bell Hotel

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Bell Hotel - 431 W. Washington St.
E. IS RESIDENCE ON A FARM? ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) THOMAS B. (MIDDLE) WALTER C. (LAST) WATSON

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Aug. DAY: 16 YEAR: 1882
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Retd. Bookeeper
9B. KIND OF BUSINESS OR INDUSTRY: Bokeeping
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unk. (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 526-07-6992
14A. FATHER'S NAME: James S. Watson
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Cinthia ------
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mr. Ned Watson, (Nephew) ADDRESS: Phoenix, Arizona
17. DATE OF DEATH (MONTH) FEBRUARY (DAY) 9 (YEAR) 1957

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Decomposed & putrefied body — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B): (Arteriosclerotic heart disease)

DUE TO (C):

PLACE DISEASE CONTRACTED:

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, AND THAT DEATH OCCURRED AT ____ (HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. On 2-12-57) THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (OR MARICOPA COUNTY MEDICAL EXAMINER): James J. Bondon
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 2-12-57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): In hotel room
23C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix, Maricopa, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Found Feb. 9, 1957 ? 6 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Natural Causes

24A. CORONER'S SIGNATURE: Al J. Flood
24B. ADDRESS: Coroner West Phoenix, Arizona
24C. DATE SIGNED: Feb. 13, 1957

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Feb. 15, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 2/15/57
26B. REGISTRAR'S SIGNATURE: Bunnie Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: A. D. MOORE & SONS PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Tyler Hayes
28B. EMBALMER'S CERT. NO.: 269A

FORM VS-2 REV. 3-15-56

CAUSE OF DEATH (ITEM 18): 4200 / 0 / 0
OPERATIONS & AUTOPSY: N
MEDICAL CERTIFICATION: 1
DEATH DUE TO EXTERNAL VIOLENCE: 1
CORONER'S CERTIFICATION: 5
FUNERAL DIRECTOR AND REGISTRAR: 3
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