ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1896

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 912

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 64 yrs; IN ARIZONA: 64 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): 8052 N. 14th Avenue

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): 17 East Lexington
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) FRANCIS C. (LAST) GEARE

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH — MONTH: Mar DAY: 7 YEAR: 1884
8. AGE (IN YEARS LAST BIRTHDAY): 73 — IF UNDER 1 YEAR: MONTHS: 0 DAYS: 20 — IF UNDER 24 HRS.: HOURS: MIN:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Retired Dairyman
9B. KIND OF BUSINESS OR INDUSTRY: ----------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Minnesota
11. CITIZEN OF WHAT COUNTRY? U.S.
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. A 526-12-5753
14A. FATHER'S NAME: Joseph Geare
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Mary Murphy
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Elinore Burke, 8052 N. 14th Ave., Phoenix
17. DATE OF DEATH (MONTH) March (DAY) 27 (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.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) CORONARY OCC — INTERVAL BETWEEN ONSET AND DEATH: INSTANT
DUE TO (B) ARTERIOSCLEROTIC HT DISEASE. — YRS.
DUE TO (C)

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS — 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 12-13, 1956, TO 3-27, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 3-6, 1957, AND THAT DEATH OCCURRED AT 11:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] — (DEGREE OR TITLE): MD
22B. ADDRESS: [illegible], Ariz
22C. DATE SIGNED: 3-28-57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Mar 30, 1957
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3/29/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: H. R. Murphy
27B. ADDRESS: 330 N. 2d Ave., Phx
28. EMBALMER'S SIGNATURE: H. R. Murphy
28B. EMBALMER'S CERT. NO.: 141-A

Whitney & Murphy Funeral Home, Phx

FORM VS-2 REV. 8-15-55

27 17 E OF DEATH / AND 29 L RESIDENCE X-
1 1 3 73 ECEDENT ERSONAL DATA
6 357
4200 CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, UTOPSY 2
MEDICAL TIFICATION 1 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 1
UNERAL IRECTOR AND GISTRAR 8 3 2
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