

CERTIFICATE OF DEATH

REGISTRAR'S NO. 996

1. PLACE OF DEATH A. COUNTY Pima	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA ALL Life same		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF IN INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Pima	
C. CITY OR TOWN Tucson	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 827 East Adelaide			D. STREET ADDRESS 827 E. Adelaide			
3. NAME OF DECEASED (TYPE OR PRINT) HELEN M. BRODIE			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	
6B. NAME OF SPOUSE Max		7. DATE OF BIRTH MONTH DAY YEAR 3 5 186	8. AGE (IN YEARS LAST BIRTHDAY) 71 yrs.	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) Retired-Dent. Assessor
9B. KIND OF BUSINESS OR INDUSTRY Pima County	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tucson, Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YRS. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 527-44-7363	
14A. FATHER'S NAME George Scholefield		14B. BIRTHPLACE (STATE OR COUNTRY) New York	15A. MOTHER'S MAIDEN NAME Clara Ann Moore		15B. BIRTHPLACE (STATE OR COUNTRY) California	
16. INFORMANT'S SIGNATURE A. H. Major Brodie			ADDRESS			17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 17, 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Cerebral vascular accident DUE TO (B) Cerebral & generalized arteriosclerosis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 4 years
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-5, 1957, TO 7-17, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 7-14, 1957, AND THAT DEATH OCCURRED AT 3:08 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE Hubert M.D.		22B. ADDRESS Tucson, Arizona		22C. DATE SIGNED 7/19/57		
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 7/20/57	25C. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona		
26A. DATE REC BY LOCAL REG 7-19-57	26B. REGISTRAR'S SIGNATURE James H. Oakes		27A. FUNERAL DIRECTOR'S SIGNATURE REILLY FUNERAL HOME		27B. ADDRESS Tucson, Arizona	

By: Chris Reilly #216