Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7697

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3163

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 49 yrs. IN ARIZONA: 49 yrs.
C. CITY OR TOWN: Scottsdale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Beeline highway

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): 716 N. 7th St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

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

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Feb DAY: 19 YEAR: 1907
8. AGE (IN YEARS LAST BIRTHDAY): 52 — 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): Dealer
9B. KIND OF BUSINESS OR INDUSTRY: Real Estate
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Canada
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.: Unk.
14A. FATHER'S NAME: Jacob Aaron
14B. BIRTHPLACE (STATE OR COUNTRY): Poland
15A. MOTHER'S MAIDEN NAME: Minne Cohn
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs. Fannie Katz, (sister) ADDRESS: Phoenix, Arizona
17. DATE OF DEATH — (MONTH): OCTOBER (DAY): 18th, (YEAR): 1959

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Gunshot wound, head — 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) DUE TO (C)
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 ALIVE ON ____, 19__ AND THAT DEATH OCCURRED AT ____ (DEC.) I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 10-19-59 AND THAT DEATH OCCURRED AT 10:45 P.M. I LAST SAW THE DECEASED ALIVE ON ____, 19__ FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ashley Condon, MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 10-19-59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Beeline Highway N. of Mesa
23C. (CITY OR TOWN) (COUNTY) (STATE): Scottsdale, Maricopa, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): October 18, 1959 10:45 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Self inflicted gun shot wound

24A. CORONER'S SIGNATURE: Ben E. Zoll, Coroner
24B. ADDRESS: Scottsdale, Arizona
24C. DATE SIGNED: Oct. 20, 1959

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Oct. 20, 1959
25C. NAME OF CEMETERY OR CREMATORY: Beth Israel Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 10/20/59
26B. REGISTRAR'S SIGNATURE: Bernice Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: John T. Moore
28B. EMBALMER'S CERT. NO.: 300

FORM VS-2 REV. 3-13-53 — 25M AMPCO 28392

7 17 CE OF DEATH AND 21 L RESIDENCE X
1 1 ECEDENT 2 ERSONAL DATA 1 2 9 0 5 9
9 76 X CAUSE OF DEATH (ITEM 18) 1 1
ERATIONS AUTOPSY 1
MEDICAL TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 5
UNERAL IRECTOR AND EGISTRAR 2