PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0136

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 306

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 5 mos. IN ARIZONA 4 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): Arizona State Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 245 South Cortez
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

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

4. SEX: F
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 12 DAY 1 YEAR 1888
8. AGE (IN YEARS LAST BIRTHDAY): 72
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
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. 534-24-2318-A
14A. FATHER'S NAME: Paul Unger
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: - - - Griffin
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Arizona State Hospital Records ADDRESS:
17. DATE OF DEATH (MONTH) January (DAY) 20, (YEAR) 1961

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclertic Heart Disease — unknown
DUE TO (C) Generalized Arteriosclerosis — unknown
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 8-26- 19 60 TO 1-20- 19 61 THAT I LAST SAW THE DECEASED ALIVE ON 1-20- 19 61 AND THAT DEATH OCCURRED AT 9:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Samuel Wick (DEGREE OR TITLE) M.D. Director
22B. ADDRESS: 2500 East Van Buren, Phoenix
22C. DATE SIGNED:

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: 1-24-1961
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Ariz.
26A. DATE REC. BY LOCAL REG.: 1/24/61
26B. REGISTRAR'S SIGNATURE: Helen S. Mosca Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry P. Zemon
27B. ADDRESS: 576 N. 3rd Ave.
28A. EMBALMER'S SIGNATURE: R. V. Ingraham
28B. EMBALMER'S CERT. NO.: 294-A

FORM VS-2 REV. 8-9-60 - 25M

DECEDENT PERSONAL DATA 1 2 3 17 6 16

CAUSE OF DEATH (ITEM 18) 11 30 0 0 0

OPERATIONS, AUTOPSY 1

MEDICAL CERTIFICATION 1

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION 1

FUNERAL DIRECTOR AND REGISTRAR 8 5 1 4