

CERTIFICATE OF DEATH

REGISTRAR'S NO. **0346** 207

UNCHECKED
VERIFIED

BIRTH NO.

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| PLACE OF DEATH AND RESIDENCE | 1. PLACE OF DEATH A. COUNTY Maricopa | B. LENGTH OF STAY IN THIS TOWN 45 yrs IN ARIZONA 45 yrs | 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa |
| | C. CITY OR TOWN Phoenix | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | C. CITY OR TOWN Phoenix |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Memorial Hospital | D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 716 East Van Buren | E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| DECEASED PERSONAL DATA | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) SIMON B. (MIDDLE) PETER C. (LAST) GILLIS | 4. SEX M | 5. COLOR OR RACE W | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed |
| | 6B. NAME OF SPOUSE --- | 7. DATE OF BIRTH MONTH DAY YEAR 4 6 75 | 8. AGE (IN YEARS) LAST BIRTHDAY) 88 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Civil Engineer |
| | 9B. KIND OF BUSINESS OR INDUSTRY --- | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Novo Scotia | 11. CITIZEN OF WHAT COUNTRY? Canada US | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No |
| | 14A. FATHER'S NAME Alex Gillis | 14B. BIRTHPLACE (STATE OR COUNTRY) Canada | 15A. MOTHER'S MAIDEN NAME Effie McLeod | 13. SOCIAL SECURITY NO. 527-03-6096 |

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| CAUSE OF DEATH (TEM 18) | 16. INFORMANT'S SIGNATURE Mrs. Effie McAuliffe | ADDRESS 17313 22nd Ave. East | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 12 1964 |
| | 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. | 19. PLACE DISEASE CONTRACTED. Tacoma, Washington | |
| | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Hemorrhage from Enlarged prostate DUE TO (B) Urinary obstruction DUE TO (C) Heart decompensation II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old age. | | |

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| 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 5 th 1964 TO Jan 12 th 1964, THAT I LAST SAW THE DECEASED ALIVE ON Jan 12 th 1964, AND THAT DEATH OCCURRED AT 7:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | |
| 22A. SIGNATURE M. D. | 22B. ADDRESS 3507 S. Bethany St. Phoenix | 22C. DATE SIGNED 1/14/64 |

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| 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? |

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| 24A. CORONER'S SIGNATURE | 24B. ADDRESS | 24C. DATE SIGNED |
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| 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 25B. DATE 1-16-64 | 25C. NAME OF CEMETERY OR CREMATORY St. Francis | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona |
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| 26A. DATE REC. BY LOCAL REG. 1/14/64 | 26B. REGISTRAR'S SIGNATURE Bernard Johnston | 27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy | 27B. ADDRESS 330 N. 2nd Ave. |
| 28A. EMBALMER'S SIGNATURE H. L. Murphy | | 28B. EMBALMER'S CERT. NO. 141A | |

Whitney & Murphy Funeral Home