ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7696

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 112592

PLACE OF DEATH AND RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Maricopa — B. LENGTH OF STAY: IN THIS TOWN 3 mo; IN ARIZONA 3 mo
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): 2508 W. Hayward

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): 2508 W. Hayward

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John — B. (MIDDLE) Philip — C. (LAST) McNeil
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Florenia Rozila
7. DATE OF BIRTH — MONTH: Feb — DAY: 26 — YEAR: 1868
8. AGE (IN YEARS LAST BIRTHDAY): 85 — IF UNDER 1 YEAR: MONTHS 9, DAYS 4, HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Retired clerk
9B. KIND OF BUSINESS OR INDUSTRY: Hardware
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Calif
11. CITIZEN OF WHAT COUNTRY? USA
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.: None
14A. FATHER'S NAME: John Philip McNeil
14B. BIRTHPLACE (STATE OR COUNTRY): Ireland
15A. MOTHER'S MAIDEN NAME: Catherine DeLana
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE: Florenia Rozila McNeil — ADDRESS: 2508 W. Hayward Phx. Ariz.
17. DATE OF DEATH (MONTH) December (DAY) 2, (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Pyelo-nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1951

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cancer of prostate 1950
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility Inanition

OPERATIONS AND AUTOPSY

19A. DATE OF OPERATION: 1951
19B. MAJOR FINDINGS OF OPERATION: Ca of prostate
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 10:30 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R. D. Shupe (DEGREE OR TITLE)
23B. ADDRESS: 116 E. Culver
23C. DATE SIGNED: 12-4-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 12-5-53
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Central, Arizona
25A. DATE REC'D BY LOCAL REG.: 12/4/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen — ADDRESS: Phx. Ariz.
27. EMBALMER'S SIGNATURE: L. M. Mortensen — CERT. NO.: 261

FORM VS E REV. 1-1-53