

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

41-57

27
OF DEATH
AND
68
RESIDENCE

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DATA

450/1
CAUSE
OF
DEATH
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DEATH
DUE TO
EXTERNAL
VIOLENCE

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105

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 6 yrs. IN ARIZONA 6 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Scottsdale		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Scottsdale <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) 222 S. Miller Rd.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 222 S. Miller Rd.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ALFRED		B. (MIDDLE) J.		C. (LAST) TILLEY	
8B. NAME OF SPOUSE Katherine Tilley		7. DATE OF BIRTH MONTH DAY YEAR Dec. 11 1907		8A. AGE (IN YEARS LAST BIRTHDAY) 49	
9B. KIND OF BUSINESS OR INDUSTRY Building Mgr.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Canada		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
14A. FATHER'S NAME James Alfred Tilley		14B. BIRTHPLACE (STATE OR COUNTRY) Canada		15A. MOTHER'S MAIDEN NAME Margaret Little	
16. INFORMANT'S SIGNATURE Mrs. Everett Johnston, (friend)				17. DATE OF DEATH (MONTH) (DAY) (YEAR) NOVEMBER 25th, 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.		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) Acute myocardial infarction DUE TO (B) Coronary Artery Disease DUE TO (C) Chronic Bronchitis	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH Immediate Unknown Unknown	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 26, 1955 TO Nov 25, 1957 , THAT I LAST SAW THE DECEASED ALIVE ON Nov 23, 1957 AND THAT DEATH OCCURRED AT 10:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE (DEGREE OR TITLE) Samuel E. Dwyer, M.D.		22B. ADDRESS 2021 N. Cent. Ave. Phx. Ari.		22C. DATE SIGNED Nov. 26, 1967	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSE		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 Nov. 29, 1957		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		26A. DATE REC. BY LOCAL REG. 11-30-57		26B. REGISTRAR'S SIGNATURE Sam E. Fox	
26C. FUNERAL DIRECTOR'S SIGNATURE O. L. Moore		26D. ADDRESS A. L. MOORE & SON, PHOENIX, ARIZONA		26E. EMBALMER'S CERT. NO. 310	
26F. EMBALMER'S SIGNATURE James Stalling					