

2054

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 224

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 986  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Phoenix NO. St. Joseph's ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Benjamin Harrison Scudder HOW LONG IN STATE WHEN DEATH OCCURRED? 34 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. East 8th. Tempe, Ariz. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Rebecca Scudder</u> (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1871</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>3</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Retired Educator</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
10.	DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Indiana</u>				
FATHER	13. NAME <u>Stephen Scudder</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u>				
MOTHER	15. MAIDEN NAME <u>Emelin Whitehead</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u>				
17. INFORMANT <u>Mrs Rebecca Scudder</u> (ADDRESS) <u>Tempe, Ariz.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Double Butte</u> DATE <u>7/22, 1936</u>				
19. EMBALMER	LICENSE NO. _____	SIGNATURE <u>E. G. Carlisle</u>		
FUNERAL DIRECTOR	<u>Cary Mortuary</u>			
ADDRESS <u>Tempe, Ariz.</u>				
20. FILED <u>7/27/36</u> 19 <u>36</u> <u>Neil F. Cotton</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1936  
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 4/18 1934 TO 7-19 1936  
I LAST SAW HIM ALIVE ON 7/18 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:45 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Carcinoma stomach DATE OF ONSET prior to 4/18/36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Anemia, severe hypochromatic secondary

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? clinical WAS THERE AN AUTOPSY? yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
IF SO, SPECIFY Geo. B. Irvine M. D.  
Tempe Ariz  
(SIGNED) (ADDRESS)

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION