ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 84

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

5 05 OF DEATH AND 98 RESIDENCE 5

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Central Rural
C. LENGTH OF STAY IN THIS PLACE: 65 yrs IN ARIZONA: 70
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz.
B. COUNTY: Graham
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Central
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

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

4. SEX: F. M.
5. COLOR OR RACE: W.

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Oct DAY 2 YEAR 1851
8. AGE: YEARS 100 MONTHS 3 DAYS 11
IF UNDER 24 HOURS: HOURS — MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Housework
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Norway
11. CITIZEN OF WHAT COUNTRY? U.S.
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. No.

14A. FATHER'S NAME: Ance Gouldbranson
14B. BIRTHPLACE (STATE OR COUNTRY): Norway
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown

16. INFORMANT'S SIGNATURE: x N. E. Coombs
ADDRESS: Central, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Jan. 13 - 1952

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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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerosis & Hypertension 20 Years
DUE TO (c) Causes incident to old age

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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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?

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22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan, 1948, TO Jan 15, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Jan 12, 1952, AND THAT DEATH OCCURRED AT 10 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): James W. Ellsworth D.O.
23B. ADDRESS: Safford Ariz.
23C. DATE SIGNED: 1-15-52

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24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Jan. 14-51
24C. NAME OF CEMETERY OR CREMATORY: Central
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Central Ariz.

25A. DATE REC'D BY LOCAL REG.: January 18, 1952
25B. REGISTRAR'S SIGNATURE: J. V. Stratton M.D. Deputy O. H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson
ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. C. Rawson
CERT. NO. 116

FORM VS 2 REV. 8-50 20M