ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2107

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 4

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Somerton, rural
C. LENGTH OF STAY IN THIS PLACE: 6 mos IN ARIZONA: 14 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Near Somerton Ave and 16th St

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Somerton, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Near Somerton and and 16th St

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): ALICE B. (MIDDLE): MARY C. (LAST): THORNTON
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: April 5 1875
8. AGE: 76 YEARS 11 MONTHS 8 DAYS; 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
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 Wesley Still
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Delilah Hellen Hendrix
15B. BIRTHPLACE (STATE OR COUNTRY): Ill
16. INFORMANT'S SIGNATURE: Robert Reed ADDRESS: Box 1184 Somerton, Arizona
17. DATE OF DEATH (MONTH) March (DAY) 13 (YEAR) 1952

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) (Myocarditis)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
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 I. CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 1, 1952 TO Mar 13, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Mar 11, 1952 AND THAT DEATH OCCURRED AT 7:30A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): W C Cain MD
23B. ADDRESS: 168 2nd Ave, Yuma Ariz
23C. DATE SIGNED: 3/13/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 3-15-52
24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
25A. DATE REC'D BY LOCAL REG.: 3/15/52
25B. REGISTRAR'S SIGNATURE: C R Cavanah
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary Inc. R E Johnson ADDRESS: Box 310 Yuma, Ariz
27. EMBALMER'S SIGNATURE: R E Johnson CERT. NO. 246A

FORM VS 2 REV. 3-50 15M