ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2198

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 16

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Morenci
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: Life / Life
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): D Hosp

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Janet B. (MIDDLE) Carrol C. (LAST) Bridges
4. SEX: Fm
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH July DAY 29 YEAR 1948
8. AGE: YEARS 3 MONTHS 8 DAYS 17
IF UNDER 24 HOURS: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Child
9B. KIND OF BUSINESS OR INDUSTRY: Child
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME: Marian Bridges
14B. BIRTHPLACE (STATE OR COUNTRY): Ark
15A. MOTHER'S MAIDEN NAME: Juanita Spinks
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: X Marian F Bridges ADDRESS Box 1222
17. DATE OF DEATH (MONTH) April (DAY) 16 (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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) ✓
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Cong. heart disease — years
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 CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1950, 19__, TO April 16, 19 52, THAT I LAST SAW THE DECEASED ALIVE ON April 15, 1952, AND THAT DEATH OCCURRED AT 12:15 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Arthur Engelder M.D. (DEGREE OR TITLE)
23B. ADDRESS: Morenci Ariz
23C. DATE SIGNED: April 16 52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: April 17-52
24C. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz
25A. DATE REC'D BY LOCAL REG.: APR 17 1952
25B. REGISTRAR'S SIGNATURE: Guy Strickland
26. FUNERAL DIRECTOR'S SIGNATURE: Family — ADDRESS: Morenci Ariz
27. EMBALMER'S SIGNATURE: None — CERT. NO.

FORM VS 2 REV. 8-50 20M