ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2366

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 923

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: 20 yrs IN ARIZONA: 64 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1827 E. Tonto

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY:
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1827 E. Tonto

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST): Adelia Thurza Watson Allred

4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED / NEVER MARRIED / WIDOWED ☒ / DIVORCED
7. DATE OF BIRTH: July 26 1878
8. AGE: YEARS 73 MONTHS 8 DAYS 13
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Wife
9B. KIND OF BUSINESS OR INDUSTRY: Housework
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kanab, Utah
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): no
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Lorenzo Watson
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Helen Vandenburg
15B. BIRTHPLACE (STATE OR COUNTRY): Michigan
16. INFORMANT'S SIGNATURE: Mr. H. J. Watson ADDRESS: 165 w. 2nd. Mesa, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): April 9, 1952

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 infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) arteriosclerotic heart disease — 2 weeks
DUE TO (c) generalized arteriosclerosis — 2 years

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

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): none
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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 7, 1952 TO April 9, 1952 THAT I LAST SAW THE DECEASED ALIVE ON April 8, 1952 AND THAT DEATH OCCURRED AT 1 P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Harold D. Badger M.D.
23B. ADDRESS: 2258 N 15th Ave
23C. DATE SIGNED: 11 April 52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: Apr. 12, 1952
24C. NAME OF CEMETERY OR CREMATORY: Central Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Central, Arizona
25A. DATE REC'D BY LOCAL REG.: 4/11/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L M Mortensen ADDRESS: Thy
27. EMBALMER'S SIGNATURE: L M Mortensen CERT. NO. 261

FORM VS 2 REV. 8-50 20M