ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3440

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 52.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford Ariz.
C. LENGTH OF STAY IN THIS PLACE: 7 days; IN ARIZONA: 50 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Inn Hospital

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): Pima Ariz. Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 625 Central Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) George C. (LAST) Marshall
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: April 7 1870
8. AGE: YEARS 82 MONTHS 2 DAYS; IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nevada
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.: none
14A. FATHER'S NAME: George Marshall
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Esther Steel
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs Ella Lee Thatcher Ariz. ADDRESS
17. DATE OF DEATH (MONTH) (DAY) (YEAR): June 24 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) Acute Coronary occlusion 2 days — 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)
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 CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/16, 1952 TO 6/24, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 6/24, 1952 AND THAT DEATH OCCURRED AT 2:00 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Dr Nelson M.D.
23B. ADDRESS: Safford Ariz
23C. DATE SIGNED: 6/24/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: June 26 52
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz.
25A. DATE REC'D BY LOCAL REG.: June 28, 1952.
25B. REGISTRAR'S SIGNATURE: L. N. Stratton, Deputy C. Hayes
26. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson — ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. C. Rawson — CERT. NO. 116

FORM VS 2 REV. 7-50 20M