ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4425

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 82

PLACE OF DEATH

1. PLACE OF DEATH
A. COUNTY: Pinal
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Florence Ariz.
C. LENGTH OF STAY IN THIS PLACE: 4 days IN ARIZONA: 12 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pinal General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Casa Grande Arizona
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2 blks S. of Palmont Packing Co.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) SAM B. (MIDDLE) ARTHUR C. (LAST) WALLACE
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH June DAY 6 YEAR 1874
8. AGE: YEARS 78 MONTHS 0 DAYS 15
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): common labor
9B. KIND OF BUSINESS OR INDUSTRY: farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Peter Wallace
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: no-records
15B. BIRTHPLACE (STATE OR COUNTRY): no record
16. INFORMANT'S SIGNATURE: Mrs. Eliner Wallace ADDRESS: Casa Grande Gen-Del
17. DATE OF DEATH (MONTH) June (DAY) 21 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 334 X
+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) apoplexy
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arterio Sclerosis
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND 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 Nov. 1950 TO 21 June 1952, THAT I LAST SAW THE DECEASED ALIVE ON 21 June 52, 19____, AND THAT DEATH OCCURRED AT 1:35 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): W P Tucker M.D.
23B. ADDRESS: Florence Ariz.
23C. DATE SIGNED: 23 June 52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 6/23/52
24C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge Arizona
25A. DATE REC'D BY LOCAL REG.: July 5-52
25B. REGISTRAR'S SIGNATURE: Josephine Martin
26. FUNERAL DIRECTOR'S SIGNATURE: Carl Manuel Mortuary ADDRESS: Florence, Az
27. EMBALMER'S SIGNATURE: George Grossulla CERT. NO.: 272A

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