ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6299

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 88

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Pima Safford
C. LENGTH OF STAY IN THIS PLACE: 4 Mo IN ARIZONA: 4 Mo
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): —

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ~~Loyd~~ Wm.
B. (MIDDLE): Loyd
C. (LAST): Wade

4. SEX: M.
5. COLOR OR RACE: W.
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Aug DAY 26 YEAR 1951
8. AGE: YEARS 1 MONTHS 2 DAYS 11
IF UNDER 24 HOURS: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ark.
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.: No
14A. FATHER'S NAME: Wm. Wade
14B. BIRTHPLACE (STATE OR COUNTRY): Ark.
15A. MOTHER'S MAIDEN NAME: Nellie Smith
15B. BIRTHPLACE (STATE OR COUNTRY): Ark
16. INFORMANT'S SIGNATURE: Owen Wade ADDRESS: Pima Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Nov. 7-52

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 Gastro Enteritis (Viral Type) — INTERVAL BETWEEN ONSET AND DEATH: 4 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
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 11/6/52 19 TO 11/8/ 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 11/7/52 19 AND THAT DEATH OCCURRED AT 2:10 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: L. L. Nelson M.D. (DEGREE OR TITLE)
23B. ADDRESS: Safford Ariz
23C. DATE SIGNED: 11/10/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Nov 25-52
24C. NAME OF CEMETERY OR CREMATORY: Pima
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz
25A. DATE REC'D BY LOCAL REG.: November 12-1952.
25B. REGISTRAR'S SIGNATURE: J. H. Stratton M.D. Deputy O. A. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. C. Rawson CERT. NO.: 116

FORM VS 2 REV. 10M