ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6908

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Bagdad
C. LENGTH OF STAY IN THIS PLACE: 3 Years; IN ARIZONA: 11 Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pinney Residence, Bagdad

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Andress B. (MIDDLE) Tree C. (LAST) Pinney
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED / NEVER MARRIED / WIDOWED ☒ / DIVORCED
7. DATE OF BIRTH: MONTH Sept DAY 15 YEAR 1866
8. AGE: YEARS 86 MONTHS 1 DAYS 15
IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer(own farm)
9B. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wisconsin
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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. 571-30-0587
14A. FATHER'S NAME: John Pinney
14B. BIRTHPLACE (STATE OR COUNTRY): Wisconsin
15A. MOTHER'S MAIDEN NAME: (Unknown), Tree
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Hazel Pinney ADDRESS: Mrs. Hazel Pinney, Bagdad, Ariz.
17. DATE OF DEATH (MONTH) Nov. (DAY) 1 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4373
*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) Unknown — 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) Cardiac Failure- Compensated — 8 years
DUE TO (c)

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

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 March 10, 19 52 TO Oct 31, 19 52, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 31, 19 52, AND THAT DEATH OCCURRED AT 7:00AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Gordon E. Nielson (DEGREE OR TITLE) Gordon E. Nielson, M.D.
23B. ADDRESS: Bagdad, Arizona
23C. DATE SIGNED: Nov., 1, 1952

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 11/1/1952
24C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
25A. DATE REC'D BY LOCAL REG.: 11-5-52
25B. REGISTRAR'S SIGNATURE: Evelyne Despain
26. FUNERAL DIRECTOR'S SIGNATURE: Foster M. Ruffner ADDRESS: Prescott, Ariz.
27. EMBALMER'S SIGNATURE: Foster M. Ruffner CERT. NO. 147 a.

FORM VS 2 REV. 8-50 20M