ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7113

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2649

PLACE OF DEATH

A. COUNTY: Maricopa

B. LENGTH OF STAY — IN THIS TOWN: 8 Mo. IN ARIZONA: 8 Mo.

C. CITY OR TOWN: Phoenix ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mc Dowell Hosp. Phoenix, Arizona

USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona B. COUNTY: Maricopa

C. CITY OR TOWN: Perryville ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt.1 Box 140-B

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Beatrice B. (MIDDLE): Lee C. (LAST): Loyd

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

7. DATE OF BIRTH — MONTH: Mar. DAY: 22 YEAR: 1911

8. AGE (IN YEARS LAST BIRTHDAY): 41 IF UNDER 1 YEAR — MONTHS: 8 DAYS: 17 IF UNDER 24 HRS. — HOURS: MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: ——

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma

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.: None

14A. FATHER'S NAME: Rubin J. Johnson

14B. BIRTHPLACE (STATE OR COUNTRY): Missouri

15A. MOTHER'S MAIDEN NAME: Maggie P. Denison

15B. BIRTHPLACE (STATE OR COUNTRY): Missouri

16. INFORMANT'S SIGNATURE: Lonnie Loyd ADDRESS: Rt.1 Box 140-B Perryville Ariz.

17. DATE OF DEATH (MONTH): December (DAY): 9 (YEAR): 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 153 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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: Oct. 15, '52

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Metastatic Carcinoma

DUE TO (C) Carcinoma of Colon

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: Sept. 1951

19B. MAJOR FINDINGS OF OPERATION: Carcinoma -

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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 15, 1952 TO Dec 9, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Dec 8, 1952 AND THAT DEATH OCCURRED AT 12:10 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Kathryne W. Chapman D.O.

23B. ADDRESS: 31 E McDowell Rd.

23C. DATE SIGNED: Dec 10, '52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 12-12-52

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 12/10/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Charles Mercer ADDRESS: Phoenix

27. EMBALMER'S SIGNATURE: Leo C. Nussbaum CERT. NO.: 170

FORM VS 2 REV. 4-15-52