ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2845

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 34

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 49 | IN ARIZONA 71
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
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: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1120- 8th Avenue

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Annie B. (MIDDLE) C. (LAST) Nelson

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: William L. Nelson
7. DATE OF BIRTH: MONTH Jan. DAY 20 YEAR 1870
8. AGE (IN YEARS LAST BIRTHDAY): 85
IF UNDER 1 YEAR: MONTHS DAYS 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): Mt. Pleasant, Utah
11. CITIZEN OF WHAT COUNTRY? U.S.A. America
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: Alma H. Bennett
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Polly Wilcox
15B. BIRTHPLACE (STATE OR COUNTRY): Iowa
16. INFORMANT'S SIGNATURE: X Clara Nelson ADDRESS: Safford, Ariz.
17. DATE OF DEATH (MONTH) April (DAY) 30 (YEAR) 1955

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Myocardial Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Shock & Fracture
DUE TO (C) Rt Ellbow & Rt 3rd Rib
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/24, 1955, TO 4/30, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 4/30, 1955, AND THAT DEATH OCCURRED AT 4:10 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: G. E. Nelson M.D. (DEGREE OR TITLE)
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 5/2/55

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) Safford (COUNTY) Graham (STATE) Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 4 21 '53 730 PM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Fell off Porch Steps

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: J. M. Shelton M.D.
24B. ADDRESS: Safford Ariz
24C. DATE SIGNED: 5/23/53

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: May 2, 1955
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: May 2-55
26B. REGISTRAR'S SIGNATURE: J. Shelton M.D. Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip C. Allen #153A Philip C. Allen
27B. ADDRESS: Safford, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70385