ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3355

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 728

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: 11 days 56yrs
C. CITY OR TOWN: Prescott — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yavapai Co. Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Camp Verde — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Belle B. (MIDDLE) Underwood C. (LAST) Erickson

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Louis B. Erickson
7. DATE OF BIRTH: MONTH Jan DAY 10 YEAR 1897
8. AGE (IN YEARS LAST BIRTHDAY): 58 — IF UNDER 1 YEAR: MONTHS 4 DAYS 20 — 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: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: None
14A. FATHER'S NAME: John A. Raper
14B. BIRTHPLACE (STATE OR COUNTRY): Ind.
15A. MOTHER'S MAIDEN NAME: Katherine Wooten
15B. BIRTHPLACE (STATE OR COUNTRY): Ala.
16. INFORMANT'S SIGNATURE: Louis Benton Erickson — ADDRESS: Camp Verde, Ariz.
17. DATE OF DEATH: (MONTH) May (DAY) 30 (YEAR) 1955

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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

PLACE DISEASE CONTRACTED.

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 May 22, 1955, TO May 30, 1955, THAT I LAST SAW THE DECEASED ALIVE ON May 30, 1955, AND THAT DEATH OCCURRED AT 2:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: M. W. Phillips (DEGREE OR TITLE) MD
22B. ADDRESS: Prescott Arizona
22C. DATE SIGNED: May 30 '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.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: May 31 1955
25C. NAME OF CEMETERY OR CREMATORY: Paradise
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Willcox, Arizona
26A. DATE REC. BY LOCAL REG.: 5/30/55
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Prescott, Ariz.

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

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