ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6545

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 81

1. PLACE OF DEATH
A. COUNTY: Graham.
B. LENGTH OF STAY: IN THIS TOWN 43 yrs; IN ARIZONA 43 yrs
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): Highway 70 + Central Ave.

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): 909 8th Ave.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Theresa
B. (MIDDLE): Fay
C. (LAST): Birdno

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married.
6B. NAME OF SPOUSE: William David Birdno
7. DATE OF BIRTH: MONTH Sept DAY 23 YEAR 1900
8. AGE (IN YEARS LAST BIRTHDAY): 55 yrs.
IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Clerk.
9B. KIND OF BUSINESS OR INDUSTRY: Dept Store
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
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. 526-30-0232
14A. FATHER'S NAME: Calvert Alfred
14B. BIRTHPLACE (STATE OR COUNTRY): England.
15A. MOTHER'S MAIDEN NAME: Andrea Jensen
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark.
16. INFORMANT'S SIGNATURE: David Ray Birdno — ADDRESS: Safford, Arizona
17. DATE OF DEATH (MONTH) 11 (DAY) 16 (YEAR) 55

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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) Shock — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Compound Fractures of Both Tibia
DUE TO (C) Skull Fracture. Punctured Lung

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 11/16/55 19__, TO 11/16, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 11/16, 1955, AND THAT DEATH OCCURRED AT 10:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): E. E. Nelson M.D.
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 11/18/55

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.): Highway 70
23C. (CITY OR TOWN) Safford (COUNTY) Graham (STATE) Ariz
23D. TIME OF INJURY (MONTH) 11 (DAY) 16 (YEAR) 55 (HOUR) 7 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Hit by car while was crossing

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: J. M. Shelton M.D.
24B. ADDRESS: Safford
24C. DATE SIGNED: 11/18/55

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11/19/55
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: Nov 18 1955
26B. REGISTRAR'S SIGNATURE: J. M. Shelton M.D. — E. A. Jones
27A. FUNERAL DIRECTOR'S SIGNATURE: Lawson 85A
27B. ADDRESS: Safford, Ariz

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