

Affidavit Attached

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Graham	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 8 yrs. 65 yrs.	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
		A. STATE Arizona	B. COUNTY Graham	
	C. CITY OR TOWN Safford	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Safford	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Safford Inn Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 301 8th Avenue	

3. NAME OF DECEASED (TYPE OR PRINT) Angus Van Meter Whitmer	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX male	5. COLOR OR RACE caucasian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
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6B. NAME OF SPOUSE Sarah Jane Judd	7. DATE OF BIRTH MONTH DAY YEAR Mar. 17 1877	8. AGE (IN YEARS LAST BIRTHDAY) 76	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) Farmer
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9B. KIND OF BUSINESS OR INDUSTRY Agriculture	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. none
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14A. FATHER'S NAME Franklin Benjamin Whitmer	14B. BIRTHPLACE (STATE OR COUNTRY) Virginia	15A. MOTHER'S MAIDEN NAME Florena Sanafrank	15B. BIRTHPLACE (STATE OR COUNTRY) Virginia
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16. INFORMANT'S SIGNATURE <i>Mary Montierth</i>	ADDRESS <i>Rt 1 Box 76 Safford</i>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 3rd 1955
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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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) <i>Probable brain hemorrhage</i>	
	II. OTHER SIGNIFICANT 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Mar. 2 1951</i> TO <i>11/3 1955</i> , AND THAT DEATH OCCURRED AT <i>4:30 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>John W. Leman</i>	(DEGREE OR TITLE) <i>M.D.</i>	22B. ADDRESS <i>Safford, Arizona</i>	22C. DATE SIGNED <i>11/4/55</i>
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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)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Nov. 5, 1955	25C. NAME OF CEMETERY OR CREMATORY Pima City Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima, Arizona
26A. DATE REC. BY LOCAL REG. <i>4/55</i>	26B. REGISTRAR'S SIGNATURE <i>M. D. ...</i>	26C. FUNERAL DIRECTOR'S SIGNATURE <i>Phyllis Allen</i>	27B. ADDRESS Safford, Ariz.

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OF DEATH
AND 33
L RESIDENCE
2407

PRECEDENT
PERSONAL
DATA 1/18

4
X 55

CAUSE OF DEATH (ITEM 18) 0

RATIONS, AUTOPSY 4

MEDICAL CERTIFICATION +

DEATH DUE TO EXTERNAL VIOLENCE

IRONER'S CERTIFICATION /

JNERAL DIRECTOR AND GISTRAR 25
2
165