ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0080

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN / IN ARIZONA
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 Jas Hospital (D.O.A.)

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) PERRY B. (MIDDLE) DUANE C. (LAST) TALLEY

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: Geraldine Talley
7. DATE OF BIRTH: MONTH 2 DAY 26 YEAR 1921
8. AGE (IN YEARS LAST BIRTHDAY): 34 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): Mechanic
9B. KIND OF BUSINESS OR INDUSTRY: Automobile.
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.: 527-05-4561
14A. FATHER'S NAME: Charles E. Talley
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Margaret Carpenter.
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: X Geraldine Talley — ADDRESS: Safford, Ariz.
17. DATE OF DEATH (MONTH) January (DAY) 6, (YEAR) 1956

18. CAUSE OF DEATH (DEATH DUE TO EXTERNAL VIOLENCE)

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis
DUE TO (C) Diabetes Mellitus — 20 yrs

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

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dead on arrival at Hospital 1-6-56, 19____, TO ____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT approx. 8:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: M.H. Sudeno (DEGREE OR TITLE) MD
22B. ADDRESS: Safford, Arizona
22C. DATE SIGNED: 1-13-56

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: 1-10-55
25C. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Graham County, Arizona
26A. DATE REC. BY LOCAL REG.: January 13 56
26B. REGISTRAR'S SIGNATURE: J. Stratton M.D. Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: W. G. Ranson
27B. ADDRESS: Safford, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 70985