ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0445

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 10

1. PLACE OF DEATH
A. COUNTY: Mohave
B. LENGTH OF STAY IN THIS TOWN: 25 yrs. IN ARIZONA: 25 yrs
C. CITY OR TOWN: Kingman [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2230 Lucille

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona B. COUNTY: Mohave
C. CITY OR TOWN: Kingman [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2230 Lucille

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Maggie B. (MIDDLE) M. C. (LAST) Daves

4. SEX: Female **5. COLOR OR RACE:** White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

7. DATE OF BIRTH MONTH: Nov DAY: 23 YEAR: 1875

8. AGE (IN YEARS LAST BIRTHDAY): 80 IF UNDER 1 YEAR: MONTHS: 1 DAYS: 24 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: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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: Anderson Spoonermore

14B. BIRTHPLACE (STATE OR COUNTRY): Unknown

15A. MOTHER'S MAIDEN NAME: ------ Kress

15B. BIRTHPLACE (STATE OR COUNTRY): Unknown

16. INFORMANT'S SIGNATURE: James Davies ADDRESS: Kingman, Ariz.

17. DATE OF DEATH (MONTH) January (DAY) 17 (YEAR) 1956

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 CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cardio-Vascular-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: Many Years

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

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 [X]

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) **21C.** (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1949 TO Jan 12 1956 THAT I LAST SAW THE DECEASED ALIVE ON April 1953 AND THAT DEATH OCCURRED AT 11:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) Walter Brazie M.D. **23B. ADDRESS** WALTER BRAZIE, M. D. KINGMAN, ARIZONA **23C. DATE SIGNED** 1-18-56

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ] **24B. DATE** 1/21/56 **24C. NAME OF CEMETERY OR CREMATORY** Mountain View Cemetery **24D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE) Kingman, Arizona

25A. DATE REC'D BY LOCAL REG. 1/20/56 **25B. REGISTRAR'S SIGNATURE** Hazel M. Miller **26. FUNERAL DIRECTOR'S SIGNATURE** Floyd F. Glinkenbeard **ADDRESS** Kingman **27. EMBALMER'S SIGNATURE** Dale F. Carleton **CERT. NO.** 368-A

FORM VS 2 REV. 4-18-52

8 08 OF DEATH 3 AND 2 1 RESIDENCE X

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CAUSE OF DEATH TEM 18) 0 0

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DEATH DUE TO CTERNAL IOLENCE X

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