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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1512

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY: IN THIS TOWN 71 yrs; IN ARIZONA 71 yr
C. CITY OR TOWN: Sedona — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Box 170 Sedona, Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Coconino
C. CITY OR TOWN: Sedona — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 170 Sedona, Ariz

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Maggie B. (MIDDLE) Elizabeth C. (LAST) Purtymun
4. SEX: F
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: Jessie Purtymun
7. DATE OF BIRTH: MONTH 6 DAY 16 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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): housewife
9B. KIND OF BUSINESS OR INDUSTRY: home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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: J. J. Thompson
14B. BIRTHPLACE (STATE OR COUNTRY): Ireland
15A. MOTHER'S MAIDEN NAME: Maggie James
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: Ora Purtymun — ADDRESS:
17. DATE OF DEATH (MONTH) March (DAY) 30 (YEAR) 1956

CAUSE OF DEATH (ITEM 18)

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — 6 yrs

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: March 13, 1956
19B. MAJOR FINDINGS OF OPERATION: tumor involving the spleen, stomach & pancreas
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 15, 1955, TO March 30 1956, THAT I LAST SAW THE DECEASED ALIVE ON March 30, 1956, AND THAT DEATH OCCURRED AT 8:25 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Leo Schnur (DEGREE OR TITLE) Leo Schnur, M. D.
22B. ADDRESS: Box 271 Sedona, Arizona
22C. DATE SIGNED: Mar 31, 1956

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE —
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: March 31, 1956
25C. NAME OF CEMETERY OR CREMATORY: Grasshopper Flat Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Sedona, Arizona
26A. DATE REC. BY LOCAL REG.: 4-1-56
26B. REGISTRAR'S SIGNATURE: Leo Schnur, M. D.
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible] McMillan
27B. ADDRESS: Jerome, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573