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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2285

CERTIFICATE OF DEATH

REGISTRAR'S NO. 34

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. LENGTH OF STAY: IN THIS TOWN 71 | IN ARIZONA 71
C. CITY OR TOWN: SAFFORD, RT-1 — ☐ 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 INN Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ.
B. COUNTY: GRAHAM
C. CITY OR TOWN: SAFFORD — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): ROUTE 1

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): SARAH
B. (MIDDLE): JANE
C. (LAST): MONTGERTH

4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):

6B. NAME OF SPOUSE: EUGENE E. MONTGERTH
7. DATE OF BIRTH — MONTH: AUG | DAY: 15 | YEAR: 1868
8. AGE (IN YEARS LAST BIRTHDAY): 88 | 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: HOUSEWIFE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Washington UTAH
11. CITIZEN OF WHAT COUNTRY?: U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN):
(IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: ROBERT ADAM SMITH
14B. BIRTHPLACE (STATE OR COUNTRY): TENN.
15A. MOTHER'S MAIDEN NAME: MARY EMMA SMITHSON
15B. BIRTHPLACE (STATE OR COUNTRY): TENN.
16. INFORMANT'S SIGNATURE: Ethelyn Jenkins — **ADDRESS**: Safford
17. DATE OF DEATH (MONTH): April (DAY): 18 (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

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

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 4/12, 1956, TO 4/18, 1956 THAT I LAST SAW THE DECEASED ALIVE ON 4/18, 1956, AND THAT DEATH OCCURRED AT 1:30 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): E. Nelson M.D.
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 4/19/56

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?:

24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-20-56
25C. NAME OF CEMETERY OR CREMATORY: Safford, Arizona
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Ariz
26A. DATE REC. BY LOCAL REG.: April 19-56
26B. REGISTRAR'S SIGNATURE: M. Heatter M.D. — Deputy C. D. Lopez
27A. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson
27B. ADDRESS: Safford

FORM VS-2 REV. 6-1-53 AMPCO 70

05 OF DEATH
AND 76
RESIDENCE
0407
1
2
CEDENT 3
RSONAL
DATA 88
4
456
331 X
CAUSE
OF
DEATH 0
EM 18)
0
UATIONS, 9
TOPSY
EDICAL 1
FICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ONER'S
FICATION
NERAL 95
ECTOR
AND 2
ISTRAR
172