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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3937

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 139

27 OF DEATH AND 24 RESIDENCE 6489

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 5 yrs IN ARIZONA: 54 yrs
C. CITY OR TOWN: Mesa ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Granite Reef Rest Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Granite Reef Rest Home

DECEDENT PERSONAL DATA 1 2 3 7 6 7 6 5 6

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Pearl B. (MIDDLE) ---- C. (LAST) STODGHILL
4. SEX: F. 5. COLOR OR RACE: W. 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----
7. DATE OF BIRTH: MONTH 2 DAY 9 YEAR 80
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ky.
11. CITIZEN OF WHAT COUNTRY? USA
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.: no
14A. FATHER'S NAME: Unk.
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Henry E. Stodghill ADDRESS: Mesa, Ariz.
17. DATE OF DEATH (MONTH) June (DAY) 6 (YEAR) 1956

72.20 CAUSE OF DEATH (ITEM 18) 0 0

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Rheumatoid Arthritis — 25 yrs
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 7

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-1, 1955, TO 6-6, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 6-31, 1956, AND THAT DEATH OCCURRED AT 1:15A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: R. P. Watterson (DEGREE OR TITLE) M. D.
22B. ADDRESS: Scottsdale, Arizona
22C. DATE SIGNED: 6-6-56

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 1

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

FUNERAL DIRECTOR AND REGISTRAR 33 2

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 6-7-56
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 6-7-56
26B. REGISTRAR'S SIGNATURE: Gerald Tuckey, Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: M. L. GIBBONS MORTUARY MESA, ARIZONA

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FORM VS-2 REV. 6-1-53 AMPCO 77595