ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5109

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1996

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 15 days; IN ARIZONA 4 yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Joseph's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott, Jerome Rt. — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Anna B. (MIDDLE) L. C. (LAST) PALMER

4. SEX: F

5. COLOR OR RACE: White

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

6B. NAME OF SPOUSE: Frank Palmer

7. DATE OF BIRTH: MONTH Mar DAY 15 YEAR 1901

8. AGE (IN YEARS LAST BIRTHDAY): 55 — IF UNDER 1 YEAR: MONTHS 4 DAYS 29 — 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: – – – –

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Washington

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.: None

14A. FATHER'S NAME: Harris Lovewell

14B. BIRTHPLACE (STATE OR COUNTRY): Massachusetts

15A. MOTHER'S MAIDEN NAME: Anna Sandt

15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania

16. INFORMANT'S SIGNATURE: Frank Palmer — ADDRESS: Jerome Rt., Prescott, Ariz.

17. DATE OF DEATH: (MONTH) August (DAY) 14 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (B) Tracheoesophageal fistula
DUE TO (C) Metastatic carcinoma of thyroid — 2 yrs.

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 1 Dec, 1954, TO 14 Aug, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 14 August, 1956, AND THAT DEATH OCCURRED AT 8:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): D W Frericks, M.D.
22B. ADDRESS: 1130 E. Mc Dowell
22C. DATE SIGNED: 16 Aug 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: Aug. 17, 1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 8/18/56
26B. REGISTRAR'S SIGNATURE: Burton Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: W. L. Murphy
27B. ADDRESS: 330 N 2d Ave., Phx

FORM VS-2 REV. 6-1-53 AMPCO 72-1005 Whitney & Murphy Funeral Home, Phoenix, Arizona