ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 17810

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2106

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1 yr; IN ARIZONA: 40 yrs
C. CITY OR TOWN: Phoenix — [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): 327 E. Alvarado

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 327 E. Alvarado

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

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: - - - - - - - - - -
7. DATE OF BIRTH — MONTH: 2 DAY: 12 YEAR: 83
8. AGE (IN YEARS LAST BIRTHDAY): 73 — 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): Librarian
9B. KIND OF BUSINESS OR INDUSTRY: Library
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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: James Ollerton
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Mary Emma Adams
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: M. L. Ollerton — ADDRESS: 327 E. Alvarado
17. DATE OF DEATH (MONTH) December (DAY) 24 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 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)

PLACE DISEASE CONTRACTED.

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]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 5, 19 56 TO Dec. 24, 19 56, THAT I LAST SAW THE DECEASED ALIVE ON Dec 17, 19 56 AND THAT DEATH OCCURRED AT 1:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Robert Price (DEGREE OR TITLE) M.D.
22B. ADDRESS: 360 N. 15th Ave
22C. DATE SIGNED: 12/26/56

**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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12/27/56
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 12/26/56
26B. REGISTRAR'S SIGNATURE: Bernadine Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Montemayor
27B. ADDRESS: Phoenix, Arizona

FORM VS/2 REV. 6-1-55 — AMPCO 27595