ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8325

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 129

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY: IN THIS TOWN: 7 yrs; IN ARIZONA: Life
C. CITY OR TOWN: Coolidge- Rural Kenilworth Road — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7½ E. of Coolidge

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Coolidge — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 336 W. Byrd Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) DOROTHY B. (MIDDLE) VILATE C. (LAST) WALKER

4. SEX: Female **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Truitt W. Walker **7. DATE OF BIRTH** MONTH Feb DAY 2 YEAR 1924 **8. AGE** (IN YEARS LAST BIRTHDAY): 32 — 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: own home **10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Arizona **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.** 527-18-5128

14A. FATHER'S NAME: Lafe Judd **14B. BIRTHPLACE** (STATE OR COUNTRY): No record **15A. MOTHER'S MAIDEN NAME:** Mable E. Startin **15B. BIRTHPLACE** (STATE OR COUNTRY): Utah

16. INFORMANT'S SIGNATURE: Mrs. Walker **ADDRESS:** Stanfield ~~Tuba~~, Arizona

17. DATE OF DEATH (MONTH) December (DAY) 1 (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) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: immediate
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Car accident
DUE TO (C)

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~~ examined deceased after death ____, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): T. W. Walker M.D. **22B. ADDRESS:** Coolidge, Ariz. **22C. DATE SIGNED:** 12/11/56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): County road
23C. (CITY OR TOWN) (COUNTY) (STATE): 7½ Mi. E. Coolidge, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? One car accident

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ **25B. DATE:** 12/7/56 **25C. NAME OF CEMETERY OR CREMATORY:** Valley Memorial Park **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Arizona

26A. DATE REC. BY LOCAL REG.: 12/31/56 **26B. REGISTRAR'S SIGNATURE:** Ethel L. Eggers **27A. FUNERAL DIRECTOR'S SIGNATURE:** Cole & Maud Mortuary **27B. ADDRESS:** Coolidge, Arizona

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Lib. G. Smith 335