ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0066

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

**1. PLACE OF DEATH**
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN: 6 yrs; IN ARIZONA: 6 yrs
C. CITY OR TOWN: Pima — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1/2 mile North of P.O.

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Pima — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1/2 mile North of P.O.

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Roxie B. (MIDDLE) CLARA C. (LAST) TURNBULL

4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Joe
7. DATE OF BIRTH: MONTH June DAY 4 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
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.: —
14A. FATHER'S NAME: James Meeker
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Eliza Linn
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Royce Turnbull — ADDRESS: Pima Ariz.
17. DATE OF DEATH: (MONTH) January (DAY) 9 (YEAR) 1957

**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) Unknown — Patient expired before seen by me.
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ON Jan. 9, 1957, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON Just prior, 19__, AND THAT DEATH OCCURRED AT 10:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Charles H. Kerr (DEGREE OR TITLE) M.D.
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: 12 Jan. 1957

**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: 1-14-57
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz.
26A. DATE REC. BY LOCAL REG.: January 14 57
26B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: J. H. Caldwell
27B. ADDRESS: Safford, Ariz.

FORM VS-2 REV. 6-53 AMPCO 77595