ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0793

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 1912 | IN ARIZONA 1912
C. CITY OR TOWN: Willcox — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Willcox Muncipal Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Willcox — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural 11 miles Und
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ Willco

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Gertrude
B. (MIDDLE): Church
C. (LAST):

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

6B. NAME OF SPOUSE: James Church
7. DATE OF BIRTH MONTH: Dec. DAY: 12 YEAR: 1875
8. AGE (IN YEARS LAST BIRTHDAY): 81
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: Housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Alabama
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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: Jess Chambers
14B. BIRTHPLACE (STATE OR COUNTRY): Sol Carolina
15A. MOTHER'S MAIDEN NAME: Amanda Ruykendall
15B. BIRTHPLACE (STATE OR COUNTRY): Georgea
16. INFORMANT'S SIGNATURE: [illegible] **ADDRESS:**
17. DATE OF DEATH (MONTH) Feb. (DAY) 17, (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) Cerebral hemorrhage
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis
DUE TO (C) Senile changes
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 2-15, 1957 TO 2-17, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 2-17, 1957, AND THAT DEATH OCCURRED AT 10 30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE [illegible] **(DEGREE OR TITLE)** M.D.
22B. ADDRESS Willcox Arizona
22C. DATE SIGNED 2-17-57

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Feb. 19, 1957
25C. NAME OF CEMETERY OR CREMATORY: Sunset Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Willcox, Arizona
26A. DATE REC. BY LOCAL REG.: 2-18-57
26B. REGISTRAR'S SIGNATURE: Mrs John Clarkson, Dep
27A. FUNERAL DIRECTOR'S SIGNATURE: William Fox
27B. ADDRESS: Willcox Ariz
28. EMBALMER'S SIGNATURE: William Fox
28B. EMBALMER'S CERT. NO.: 1238

FORM VS-2 REV. 3-15-55

22 89 — CE OF DEATH
16 AND 46 — L RESIDENCE
0409
DECEDENT PERSONAL DATA 1 2 3 181 4 257
331 X CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, AUTOPSY
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR
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