ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0848

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 12.

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 76 — IN ARIZONA: 76
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): In Home

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 mile East of Pima

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Clara B. (MIDDLE) Maude C. (LAST) Allred

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): X
6B. NAME OF SPOUSE: John Warren Allred
7. DATE OF BIRTH — MONTH: 3 DAY: 24 YEAR: 1877
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.
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.: 526-30-0415
14A. FATHER'S NAME: Don Judd
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Mary Lewis
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Jord Allred — ADDRESS: Pima Ariz.
17. DATE OF DEATH — (MONTH) Feb. (DAY) 23 (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 Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11/10/56

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension
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 FROM 11/10, 1956 TO 2/23, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 1/14, 1957, AND THAT DEATH OCCURRED AT 11:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.
22B. ADDRESS
22C. DATE SIGNED

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: Feb. 25, 1957
25C. NAME OF CEMETERY OR CREMATORY: Pima
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Arizona
26A. DATE REC. BY LOCAL REG.: Feb 25 57
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible] Allen
27B. ADDRESS: Safford, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 7038

25 CE OF DEATH
1 AND 31
AL RESIDENCE
X-
DECEDENT PERSONAL DATA 2 3 179 254
33 X CAUSE OF DEATH (ITEM 18) 0 0
PERATIONS, AUTOPSY 2
MEDICAL TIFICATION 1 2
DEATH DUE TO EXTERNAL VIOLENCE 1
CORONER'S TIFICATION 1
FUNERAL DIRECTOR AND EGISTRAR 25 2 176