ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0919

CERTIFICATE OF DEATH

REGISTRAR'S NO. 447

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN: 1 wk; IN ARIZONA: 75 yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2024 West Hadley Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Navajo
C. CITY OR TOWN: Showlow — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3 mi. South of town

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

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH July DAY 27 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 75 — IF UNDER 1 YEAR: MONTHS 6 DAYS 13 — 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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: Wm Penrod
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: John W Hall — ADDRESS: 2024 West Hadley Phoenix, Ariz.
17. DATE OF DEATH (MONTH) February (DAY) 10 (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) Pneumonia - type unknown
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: arteriosclerotic heart disease

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 Feb 9, 1957 TO Feb 10, 1957 THAT I LAST SAW THE DECEASED ALIVE ON Feb 9, 1957 AND THAT DEATH OCCURRED AT 10 9 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Sidney H. Segal MD
22B. ADDRESS: 4818 N 35th Ave
22C. DATE SIGNED: Feb 10, 1957

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: 2/10/57
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye, Arizona
26A. DATE REC. BY LOCAL REG.: 2/11/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Gourley
27B. ADDRESS: Buckeye, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79873

09 OF DEATH AND 98 RESIDENCE X
DECEDENT PERSONAL DATA 1 75 0 259
493X CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, UTOPSY 2
MEDICAL TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 1
UNERAL IRECTOR AND EGISTRAR 85 2 0