ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3035

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 37

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 4 mos. IN ARIZONA 50 yrs.
C. CITY OR TOWN: Thatcher — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 104 High School Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Thatcher — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 104 High School Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARY B. (MIDDLE) ELIZA C. (LAST) TIMOTHY

4. SEX: Female
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Orin Leo Timothy
7. DATE OF BIRTH: MONTH 12 DAY 2 YEAR 1887
8. AGE (IN YEARS LAST BIRTHDAY): 69 — 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: Domestic
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Vernal, Utah
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: William Wamsley
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Mary Ann Collett
15B. BIRTHPLACE (STATE OR COUNTRY): Idaho
16. INFORMANT'S SIGNATURE: Mrs. G. P. Timothy — ADDRESS: Boulder City, Nevada
17. DATE OF DEATH: MONTH May DAY 29th 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of left breast — 18 mos.
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 ____, 1957, TO May 29, 1957, THAT I LAST SAW THE DECEASED ALIVE ON May 27, 1957, AND THAT DEATH OCCURRED AT 8:50 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Charles W. Kerr (DEGREE OR TITLE) M.D.
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: May 31, 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: June 1st 1957
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona
26A. DATE REC. BY LOCAL REG.: May 31, 1957
26B. REGISTRAR'S SIGNATURE: Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip E. Allen
27B. ADDRESS: Safford, Arizona
28A. EMBALMER'S SIGNATURE: Philip E. Allen
28B. EMBALMER'S CERT. NO.: 312

FORM VS-2 REV. 3-15-55

05 CAUSE OF DEATH
4 AND 41 AL RESIDENCE
X –
DECEDENT PERSONAL DATA 2 1 69 6 557
CAUSE OF DEATH (ITEM 18) 170X 0 0
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 25 27 150