ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6884

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 84

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):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz
B. COUNTY: Graham
C. CITY OR TOWN: Pima — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Isaac — B. (MIDDLE): Brigham — C. (LAST): Blake
Isaac Brigham Blake

4. SEX: M **5. COLOR OR RACE:** W **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Ella Blake

7. DATE OF BIRTH — MONTH: April; DAY: 14; YEAR: 1877

8. AGE (IN YEARS LAST BIRTHDAY): 80 yrs — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / 24 HRS. MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED):

9B. KIND OF BUSINESS OR INDUSTRY: Farming

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) (IF YES, WAR OR DATES OF SERVICE):

13. SOCIAL SECURITY NO.:

14A. FATHER'S NAME: Wm. Blake

14B. BIRTHPLACE (STATE OR COUNTRY): England

15A. MOTHER'S MAIDEN NAME: Mary Lake

15B. BIRTHPLACE (STATE OR COUNTRY): England

16. INFORMANT'S SIGNATURE: William Paul Blake — ADDRESS:

17. DATE OF DEATH (MONTH) (DAY) (YEAR): Sept. 23 1957

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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) Acute Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/23, 1957 TO 9/23, 1957, THAT I LAST SAW THE DECEASED ALIVE ON DOA, 19__, AND THAT DEATH OCCURRED AT 3:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): [illegible] M.D.
22B. ADDRESS: 503 5th St Safford
22C. DATE SIGNED: 9/26/57

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: Sept. 25, 57
25C. NAME OF CEMETERY OR CREMATORY: Pima
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz.

26A. DATE REC. BY LOCAL REG.: Sept 26/57
26B. REGISTRAR'S SIGNATURE: Ella [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson
27B. ADDRESS: Safford, Ariz

OF DEATH 05
AND 31
. RESIDENCE X-
CEDENT 1
RSONAL 1
DATA 180
6
957
CAUSE 43-01
OF DEATH
TEM 18) 0
0
RATIONS, UTOPSY 2
EDICAL 4
TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 1
UNERAL 28
IRECTOR AND 4
GISTRAR 1
61

FORM VS-2 REV. 6-1-53 AMPCO 77599