ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2362 — 77

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 12 yrs; IN ARIZONA 45 yrs
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Eye Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 6 miles South of Safford

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Noah B. (MIDDLE) Burk C. (LAST) Whitmire
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Carrie Alice
7. DATE OF BIRTH: MONTH Nov. DAY 1 YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Blacksmith
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): TEXAS
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.: —
14A. FATHER'S NAME: Wooster B. Whitmire
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Mary Warner
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: [illegible] — ADDRESS: Ft. Grant
17. DATE OF DEATH: (MONTH) November (DAY) 28 (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.

Ans. MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Senility
DUE TO (C)
11. 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 ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/20, 1957, TO 11/28, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 11/28, 19__, AND THAT DEATH OCCURRED AT 11:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [illegible] (DEGREE OR TITLE)
23B. ADDRESS: 503 5th Safford
23C. DATE SIGNED: 12/4/57

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 11-30-57
24C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz.
25A. DATE REC'D BY LOCAL REG.: Dec 4, 1957
25B. REGISTRAR'S SIGNATURE: Otto H. Lopez (Deputy)
26. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell — ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. H. Caldwell — CERT. NO. 291

FORM VS 2 REV. 1-1-53

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3 AND 76 — L RESIDENCE
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ECEDENT 1
ERSONAL 74
DATA
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X57
331 X — CAUSE OF DEATH (ITEM 18)
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ERATIONS, 2 — UTOPSY
DEATH DUE TO 1 — XTERNAL IOLENCE
1
MEDICAL R CORONER'S TIFICATION 1
UNERAL 28 — IRECTOR AND 2 — EGISTRAR
145