ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8226

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 80

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. LENGTH OF STAY: IN THIS TOWN 75 yrs; IN ARIZONA 75 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): 1 Block W of P.O.

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 Block W of P.O.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JANE B. (MIDDLE) LOUISA C. (LAST) MATTIVE
4. SEX: Fe
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH June DAY YEAR 1867
8. AGE (IN YEARS LAST BIRTHDAY): 90 — 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.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: Ebenezer Bryce
14B. BIRTHPLACE (STATE OR COUNTRY): Scotland
15A. MOTHER'S MAIDEN NAME: Mary Ann Park
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: x W B Mattive — ADDRESS: Pima, Arizona
17. DATE OF DEATH (MONTH) December (DAY) 1 (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) Chronic Nephritis ~~cystitis~~ — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chr. cystitis — several months
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old age

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 22 Jan, 1957, TO 24 Oct, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 24 Oct, 1957, AND THAT DEATH OCCURRED AT 4:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: J. W. Knight M.D. (DEGREE AND TITLE)
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 3 Dec 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: 12-3-57
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz
26A. DATE REC. BY LOCAL REG.: 12/3/57
26B. REGISTRAR'S SIGNATURE: Ella G. Longbottom
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. H. Caldwell
28B. EMBALMER'S CERT. NO. 291

FORM VS-2 REV. 3-15-55 (COMBINED)

05 OF DEATH AND 31 RESIDENCE X — 1 2 CEDENT 3 RSONAL 90 DATA 6 157 605 X CAUSE OF EATH 0 EM 18) 0 RATIONS, UTOPSY 2 EDICAL FICATION 4 DEATH DUE TO EXTERNAL VIOLENCE ORONER'S FICATION 1 NERAL 28 RECTOR AND ISTRAR 12 175