ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8227

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 79.

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 4 yrs; IN ARIZONA 75 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):

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ISABEL B. (MIDDLE) C. (LAST) McBRIDE
4. SEX: F M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH July DAY 11 YEAR 1870
8. AGE (IN YEARS LAST BIRTHDAY): 87
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): Home
9B. KIND OF BUSINESS OR INDUSTRY:
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.: No.
14A. FATHER'S NAME: Ebenezer Bryce
14B. BIRTHPLACE (STATE OR COUNTRY): UK
15A. MOTHER'S MAIDEN NAME: Mary Conn Parks
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: Andrew McBride ADDRESS: Thatcher
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Dec 1 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) Generalized arteriosclerosis — 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) ____ 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 11-2, 1957 TO 12-1, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 12-1, 1957, AND THAT DEATH OCCURRED AT 5:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Thomas W. Jensen (DEGREE OR TITLE) MD
22B. ADDRESS: Safford, Ariz
22C. DATE SIGNED: 12-3-57

DEATH DUE TO EXTERNAL VIOLENCE
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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec 4-57
25C. NAME OF CEMETERY OR CREMATORY: Pima
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz
26A. DATE REC. BY LOCAL REG.: Dec 3-57
26B. REGISTRAR'S SIGNATURE: Clifton D. Lopez (Deputy)
27A. FUNERAL DIRECTOR'S SIGNATURE: N. C. Rawson
27B. ADDRESS: Pima Ariz
28. EMBALMER'S SIGNATURE: N. C. Rawson
28B. EMBALMER'S CERT. NO.: 1149

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