ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7365

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 221

27 27 E OF DEATH 5 AND 45 L RESIDENCE 0348

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY IN THIS TOWN 19 Yrs IN ARIZONA 19 Yrs
C. CITY OR TOWN Wickenburg ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Community Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona B. COUNTY Maricopa
C. CITY OR TOWN Wickenburg ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 290 E. Yarizona
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA 1 2 1 157 4 058

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mary B. (MIDDLE) E. C. (LAST) Paige
4. SEX Female 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE C. Fes Paige
7. DATE OF BIRTH MONTH Sept DAY 14 YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY) 57 IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HRS.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
9B. KIND OF BUSINESS OR INDUSTRY At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri
11. CITIZEN OF WHAT COUNTRY? USA
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. None
14A. FATHER'S NAME Grovenoir S. Kane
14B. BIRTHPLACE (STATE OR COUNTRY) Ill.
15A. MOTHER'S MAIDEN NAME Josephine Rike
15B. BIRTHPLACE (STATE OR COUNTRY) Ill
16. INFORMANT'S SIGNATURE C. F. Paige ADDRESS Wickenburg Arizona
17. DATE OF DEATH (MONTH) Oct (DAY) 29 (YEAR) 1958

CAUSE OF DEATH (ITEM 18) 2 0 0 0 4

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) Acute Gastrointestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) cerebral accident — 3 hours
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 4

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

MEDICAL CERTIFICATION 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1943, 19__, TO 10-29-58, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 10-29-58, 19__, AND THAT DEATH OCCURRED AT 12:03 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) Floyd Brallier M.D.
22B. ADDRESS Wickenburg Arizona
22C. DATE SIGNED 10-29-58

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 1

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

FUNERAL DIRECTOR AND REGISTRAR 38 2

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 10-31-58
25C. NAME OF CEMETERY OR CREMATORY Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona
26A. DATE REC. BY LOCAL REG. 10-31-58
26B. REGISTRAR'S SIGNATURE F. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Effinger
27B. ADDRESS Wickenburg Arizona

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