ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0162

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 265

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 1½ Mo; IN ARIZONA 52 Yrs
C. CITY OR TOWN: PHOENIX — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST LUKES HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Bisbee — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box # 853
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ANNIE B. (MIDDLE) M. C. (LAST) FRENCH
4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOW
6B. NAME OF SPOUSE: Unk.
7. DATE OF BIRTH: MONTH July DAY 23 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 77 — 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): XXXX ?
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Georgia
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.: ?
14A. FATHER'S NAME: Unk
14B. BIRTHPLACE (STATE OR COUNTRY): Unk
15A. MOTHER'S MAIDEN NAME: Unk
15B. BIRTHPLACE (STATE OR COUNTRY): Unk
16. INFORMANT'S SIGNATURE: Mrs Ruth Tardy — ADDRESS: 743 N. 12th Ave
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Jan. 17. 1959

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) Cardiac failure — 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) Cancer of spinal cord
DUE TO (C) Post Operative Spinal cord Operations
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Nov. 24-58
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-22- 58, 19, TO Jan. 17 59, 19, THAT I LAST SAW THE DECEASED ALIVE ON Jan. 17-59, 19, AND THAT DEATH OCCURRED AT 5:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Harry Felch — HARRY O. FELCH, M.D.
22B. ADDRESS: 15 E. Monroe Phoenix Ariz.
22C. DATE SIGNED: 1-20-59

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
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: Jan. 20, 1959
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix,

26A. DATE REC. BY LOCAL REG.: 1/20/59
26B. REGISTRAR'S SIGNATURE: Marion Burnett
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Toman
27B. ADDRESS:
28A. EMBALMER'S SIGNATURE: Henry J. Toman
28B. EMBALMER'S CERT. NO.: 1504

FORM VS-2 REV. 3-15-55 15M AMPCO 16856

7 02 — DATE OF DEATH
9 AND 04 — USUAL RESIDENCE
33 #
DECEDENT 3 — PERSONAL DATA 7 7 7 9 159
1231 — CAUSE OF DEATH (ITEM 18) 6 6
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CORONER'S TIFICATION 1
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