ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1165

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 479

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 3 Yrs; IN ARIZONA 3 Yrs
C. CITY OR TOWN: PHOENIX — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HILTONS REST HOME

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1907 W. Washington
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) NELLIE B. (MIDDLE) C. (LAST) KIRKPATRICK

4. SEX: FEMALE **5. COLOR OR RACE:** WHITE **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** MARRIED

6B. NAME OF SPOUSE: Walter Kirkpatrick **7. DATE OF BIRTH** (MONTH, DAY, YEAR): Oct 23 1907 **8. AGE** (IN YEARS LAST BIRTHDAY): 51 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
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: Theodore Adams
14B. BIRTHPLACE (STATE OR COUNTRY): Mo
15A. MOTHER'S MAIDEN NAME: Anna Crowder
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.

16. INFORMANT'S SIGNATURE: Walter Kirkpatrick **ADDRESS:** 1907 W. Washington

17. DATE OF DEATH (MONTH) Feb. (DAY) 2, (YEAR) 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) Carcinoma cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 1, 1958 TO Jan 30, 1959 THAT I LAST SAW THE DECEASED ALIVE ON Jan 30, 1959 AND THAT DEATH OCCURRED AT 11:20 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): L. V. Albert Stemes, MD
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 2/4/59

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?

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Feb. 7, 1959
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 2/6/59
26B. REGISTRAR'S SIGNATURE: Beulah Jones
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Inman
27B. ADDRESS:
28A. EMBALMER'S SIGNATURE: Henry J. Inman
28B. EMBALMER'S CERT. NO.: 150A

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