

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **71**

15 05 E OF DEATH AND 76 RESIDENCE 1467	BIRTH NO.		1. PLACE OF DEATH A. COUNTY <i>Yavapai</i>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <i>7 yrs 49 mos</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i>				B. COUNTY <i>Yavapai</i>						
	C. CITY OR TOWN <i>Safford</i>		D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Safford San Hospital</i>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		C. CITY OR TOWN <i>Safford</i>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>5 miles S of Safford</i>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
CEDENT 1 PERSONAL DATA 70 4 159	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Wallace John</i>			B. (MIDDLE) <i>Lilly</i>			C. (LAST) <i>M</i>			4. SEX <i>M</i>		5. COLOR OR RACE <i>W</i>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>married</i>			
	6B. NAME OF SPOUSE <i>Pauline</i>			7. DATE OF BIRTH MONTH   DAY   YEAR <i>JAN 20 1889</i>			8. AGE (IN YEARS) IF UNDER 1 YEAR LAST BIRTHDAY   MONTHS   DAYS <i>70 1/4</i>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i> Carpenter</i>		9B. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>married</i>		9C. SOCIAL SECURITY NO. <i>57-03-0444</i>			
9D. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>		10. BIRTHPLACE (STATE OR FEDERAL COUNTRY) <i>West Virginia</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO. <i>57-03-0444</i>		14A. FATHER'S NAME <i>James Lilly</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>West Virginia</i>		15A. MOTHER'S MAIDEN NAME <i>Lulu Florence Cannon</i>			
16. INFORMANT'S SIGNATURE <i>Ralph A. Lilly</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>October 23 1959</i>		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, ASTHMA, 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) <i>Carcinomatosis</i>  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Carcinoma of the head of the pancreas.</i>  DUE TO (C) <i>Unknown</i>  II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>					
OPERATIONS, AUTOPSY <i>7</i>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
MEDICAL CERTIFICATION <i>1</i>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Sept. 19 59</i> TO <i>Oct. 23 19 59</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Oct. 23 19 59</i> AND THAT DEATH OCCURRED AT <i>4 30 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										22. SIGNATURE (DEGREE OR TITLE) <i>Charles H. Ross, M.D.</i>		22B. ADDRESS <i>Safford, Arizona</i>		22C. DATE SIGNED <i>10-28-59</i>	
DEATH DUE TO EXTERNAL VIOLENCE		23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., HOME OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				23C. CITY OR TOWN (COUNTY) (STATE) <i>Safford, Yavapai, Arizona</i>									
CORONER'S CERTIFICATION <i>1</i>		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>M</i>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?											
FUNERAL DIRECTOR AND REGISTRAR <i>70</i>		24A. CORONER'S SIGNATURE		24B. ADDRESS				24C. DATE SIGNED									
25A. BURIAL CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>10-26-59</i>		25C. NAME OF CEMETERY OR CREMATORY <i>Safford Cemetery</i>				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Safford, Ariz</i>									
26A. DATE REC. BY LOCAL REG. <i>10-27-59</i>		26B. REGISTRAR'S SIGNATURE <i>W. H. Caldwell</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Caldwell</i>				27B. ADDRESS <i>Safford</i>									
28A. EMBALMER'S SIGNATURE <i>Dale H. Carlstedt</i>		28B. EMBALMER'S CERT. NO. <i>368 A</i>															

149