ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3802

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 46

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 12 yrs. IN ARIZONA: 12 yrs
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Gen Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 924 West 12th St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): ANNA B. (MIDDLE): — C. (LAST): ADAMS

4. SEX: Fe
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: —
7. DATE OF BIRTH — MONTH: July DAY: 22 YEAR: 1887
8. AGE (IN YEARS LAST BIRTHDAY): 72 — 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): Kansas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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: James Adams
14B. BIRTHPLACE (STATE OR COUNTRY): Kansas
15A. MOTHER'S MAIDEN NAME: unknown
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: [illegible] ADDRESS: Safford Ariz.
17. DATE OF DEATH — MONTH: May DAY: 1 YEAR: 1960

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 Lobar Pneumonia
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Congestive Heart Failure
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 16, 1960 TO May 1, 1960 THAT I LAST SAW THE DECEASED ALIVE ON May 1, 1960 AND THAT DEATH OCCURRED AT 2:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Gordon H. Ayers M.D. (DEGREE OR TITLE)
22B. ADDRESS: Safford Ariz.
22C. DATE SIGNED: 5-3-60

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

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5-5-60
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz
26A. DATE REC. BY LOCAL REG.: May 3-60
26B. REGISTRAR'S SIGNATURE: Victor N. Smith
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
27B. ADDRESS: Safford
28A. EMBALMER'S SIGNATURE: W. H. Caldwell
28B. EMBALMER'S CERT. NO.: 291

FORM VS-2 REV. 3-15-55