

CERTIFICATE OF DEATH

REGISTRAR'S NO.

7108

5 OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>GRAHAM</b>		B. LENGTH OF STAY IN THIS COUNTRY <b>62 D</b> IN ARIZONA <b>62 D</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>ARIZONA</b> B. COUNTY <b>GRAHAM</b>	
	C. CITY OR TOWN <b>THATCHER</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>THATCHER</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>P.O. Box 6</b>		D. STREET (IF RURAL GIVE LOCATION) ADDRESS <b>P.O. Box 6</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>EDSIE</b> B. (MIDDLE) <b>THOMAS</b> C. (LAST) <b>BLAIN</b>			4. SEX <b>MALE</b>	5. COLOR OR RACE <b>WHITE</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>
	6B. NAME OF SPOUSE <b>AMELIA</b>		7. DATE OF BIRTH MONTH <b>SEPT</b> DAY <b>9</b> YEAR <b>1884</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>75</b>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
	9B. KIND OF BUSINESS OR INDUSTRY <b>FACILITY CON.</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>UTAH</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>	IF YES, WAR OR DATES OF SERVICE? <b>No</b>	13. SOCIAL SECURITY NO. <b>522-16-9518</b>
	14A. FATHER'S NAME <b>THOMAS BLAIN</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>ENGLAND</b>	15A. MOTHER'S MAIDEN NAME <b>ELZINA ALURED</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>UTAH</b>		

1621 CAUSE OF DEATH (ITEM 18)	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH! (A) <b>Dyschrogeric Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	19C. PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

CERTIFICATIONS	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>May 12, 1960</b> TO <b>Sept 4, 1960</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Aug 14, 1960</b> AND THAT DEATH OCCURRED AT <b>12:40 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	22A. SIGNATURE <b>W.S. Nelson M.D.</b>	22B. ADDRESS <b>1250 Jefferson St</b>	22C. DATE SIGNED <b>7/6/60</b>

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>NATURAL CAUSE</b>	23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) COUNTY (STATE)
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
	25A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>9/9/60</b>	25C. NAME OF CEMETERY OR CREMATORY <b>THATCHER CEMETERY</b>
GENERAL RECTOR AND GISTRAR	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>THATCHER ARIZ</b>	26A. DATE REC. BY LOCAL REC. <b>Sept 23/60</b>	26B. REGISTRAR'S SIGNATURE <b>John D. Jones</b>
	26C. FUNERAL DIRECTOR'S SIGNATURE <b>Robert S. Davis</b>	26D. ADDRESS <b>113-15TH ST.</b>	26E. EMBALMER'S SIGNATURE <b>Log C. Davis</b>
FORM VS-2 REV. 3-5-58		26F. EMBALMER'S CERT. NO. <b>369A</b>	