ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7656

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2155

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 39 Yrs; IN ARIZONA 50 Yrs
C. CITY OR TOWN: Prescott — [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): Yavapai County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 710 Miller Road
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARGARET B. (MIDDLE) ANN C. (LAST) AINSWORTH

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: William Ainsworth
7. DATE OF BIRTH: MONTH Dec DAY 12 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 76
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): Scotland
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.: 527 - 12-9874
14A. FATHER'S NAME: William Gray Murray
14B. BIRTHPLACE (STATE OR COUNTRY): Scotland
15A. MOTHER'S MAIDEN NAME: Margaret Adams
15B. BIRTHPLACE (STATE OR COUNTRY): Scotland
16. INFORMANT'S SIGNATURE: Mrs. Christine Schoffner — ADDRESS: 325 Company St. Baltimore, Ohio
17. DATE OF DEATH: (MONTH) SEPTEMBER (DAY) 6, (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 Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Instant
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: Malnutrition due to poor appetite, supposed refused to eat — 2 months

19A. DATE OF OPERATION: 7-10-60
19B. MAJOR FINDINGS OF OPERATION: Obstruction of Colon due to adhesions. Tumor of Sigmoid Intussuscepts - probably malignant
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-10, 1960 TO 9-6, 1960, THAT I LAST SAW THE DECEASED ALIVE ON 9-5, 1960, AND THAT DEATH OCCURRED AT 6:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Harry D. Leatherwood (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 9-7-60

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: 9 - 9 - 60
25C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
26A. DATE REC. BY LOCAL REG.: 9/9/60
26B. REGISTRAR'S SIGNATURE: Blanche Ferris, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Edwin S. Hickmer
27B. ADDRESS: Prescott, Arizona
28A. EMBALMER'S SIGNATURE: Edwin S. Hickmer
28B. EMBALMER'S CERT. NO.: 361-A

FORM VS-2 REV. 5-13-55 — 15M AMPCO 32567