

VERIFIED  
Pim-1

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

10219

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2035

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <b>Pima</b>		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA <b>6 mos</b>   <b>61 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Graham</b>	
3. NAME OF DECEASED (TYPE OR PRINT) <b>Levi Ashton John</b>		4. SEX <b>Male</b>		5. COLOR OR RACE <b>White</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH   DAY   YEAR <b>July 16 1882</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>78</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Farmer</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Utah</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
13. SOCIAL SECURITY NO. <b>None</b>		14A. FATHER'S NAME <b>William John</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>England</b>		15A. MOTHER'S MAIDEN NAME <b>Sarah Ann Ashton</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>England</b>		16. INFORMANT'S SIGNATURE <b>Harold John</b>		ADDRESS <b>Safford, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>December 16 1960</b>	
18. CAUSE OF DEATH ENTER 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) <b>General arteriosclerosis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>9/29 1960</b> TO <b>12/16 1960</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>12/10 1960</b> AND THAT DEATH OCCURRED AT <b>M</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (SPOUSE OR TITLE) <b>Adelle C. Ward M.D.</b>		22B. ADDRESS <b>711 N. Stone Ave.</b>		22C. DATE SIGNED <b>12/22/60</b>			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (I.E., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>12-16-60</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Safford Cemetary</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Safford, Arizona</b>	
26A. DATE REC. BY LOCAL REG. <b>12/29/60</b>		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> <b>Adair Funeral Home</b>		27B. ADDRESS <b>Tucson, Arizona</b>	
28A. ENPALMER'S SIGNATURE <i>[Signature]</i>		28B. ENBALMER'S CERT. NO. <b>260-A</b>					

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05  
33  
6436

PRECEDENT PERSONAL DATA  
3  
178  
6  
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CAUSE OF DEATH (ITEM 18)  
H511

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR