

PUNCHED  
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1924

17.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

|  |  |  |  |  |  |   |  |  |
|--|--|--|--|--|--|---|--|--|
| 15 05<br>PLACE OF DEATH<br>(AND 31)<br>USUAL RESIDENCE<br>X- | 1. PLACE OF DEATH<br>A. COUNTY <u>Graham</u>   |  | B. LENGTH OF STAY<br>IN THIS TOWN <u>70 yrs</u> IN ARIZONA <u>Life</u>   |  | 2. USUAL RESIDENCE<br>A. STATE <u>Arizona</u>                    |   | (WHERE DECEASED LIVED.<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION)<br>B. COUNTY <u>Graham</u>   |  |
|  | C. CITY OR TOWN <u>Pima</u>  |  | <input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS   |  | C. CITY OR TOWN <u>Pima</u>                                      |   | <input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |  |
|  | D. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Blocks N W of P. O.</u>   |  |  |  | D. STREET (IF RURAL, GIVE LOCATION) <u>3 Blocks N W of P. O.</u> |   | E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |  |
| PRECEDENT 4<br>PERSONAL DATA 178<br>0<br>361                 | 3. NAME OF DECEASED<br>(TYPE OR PRINT) A. (FIRST) <u>ALLIE</u> B. (MIDDLE) <u>EAST</u> C. (LAST) <u>CARLSON</u>  |  |  | 4. SEX <u>Female</u>   | 5. COLOR OR RACE <u>White</u>                                    | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Divorced</u> |  |  |
|  | 6B. NAME OF SPOUSE<br>-----  |  | 7. DATE OF BIRTH<br>MONTH <u>July</u> DAY <u>2</u> YEAR <u>1882</u>  | 8. AGE (IN YEARS LAST BIRTHDAY) <u>78</u>  | 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) <u>Housewife</u>      |  |
|  | 9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u> | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> |  | 13. SOCIAL SECURITY NO. <u>None</u>                                     |  |  |
| 14A. FATHER'S NAME <u>Joseph F. East</u>                     |  | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>           | 15A. MOTHER'S MAIDEN NAME <u>Jane A. Webster</u>   |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Virginia</u>               |   |  |  |
| 16. INFORMANT'S SIGNATURE <u>X Lecta Hamilton</u>            |  |  |  | ADDRESS _____  |  | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 28 1961</u>             |  |  |
| 171X<br>CAUSE OF DEATH<br>OF DEATH<br>(ITEM 18)              | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br><br>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Cardiac Decompensation</u><br>DUE TO (B) <u>Lymphedema left lower extremity</u><br>DUE TO (C) <u>Pelvic Carcinoma</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. |  |  |   | INTERVAL BETWEEN ONSET AND DEATH _____   |  |
|  | PLACE DISEASE CONTRACTED. _____  |  | 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 <u>8-26 1960</u> TO <u>3-28 1961</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>1-16 1961</u> , AND THAT DEATH OCCURRED AT <u>5:15 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |  |  |  |   |  |  |
| OPERATIONS, AUTOPSY  | 22A. SIGNATURE (DEGREE OR TITLE) <u>Dorise N. Curtis, M.D.</u>   |  | 22B. ADDRESS <u>Safford Arizona</u>  |  | 22C. DATE SIGNED <u>3-30-61</u>                                  |   |  |  |
|  | 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) _____                       |   |  |  |
| MEDICAL CERTIFICATION  | 23D. TIME (MONTH) (DAY) (YEAR) (HOURS) OF INJURY _____   |  | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 23F. HOW DID INJURY OCCUR? _____                                 |   |  |  |
|  | 24A. CORONER'S SIGNATURE _____   |  |  |  | 24B. ADDRESS _____   |   | 24C. DATE SIGNED _____   |  |
| DEATH DUE TO EXTERNAL VIOLENCE                               | 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>  |  | 25B. DATE <u>3/31/61</u>   |  | 25C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>          |   | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima, Arizona</u>                                 |  |
|  | 26A. DATE REC. BY LOCAL REG. <u>April 1-61</u>   |  | 26B. REGISTRAR'S SIGNATURE <u>John H. Rogers</u>   |  | 27A. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Caldwell</u>           |   | 27B. ADDRESS <u>Safford</u>  |  |
| CORONER'S CERTIFICATION                                      | 28A. ENBALMER'S SIGNATURE <u>Dale Harlstedt</u>  |  |  |  | 28B. ENBALMER'S CERT. NO. <u>368-A</u>                           |   |  |  |