ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1113

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 35

**CE OF DEATH AND AL RESIDENCE**

1. PLACE OF DEATH — A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 60 yrs. IN ARIZONA: 60 yrs.
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas, Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 935 Green
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**ECEDENT ERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Sarah B. (MIDDLE): Elizabeth C. (LAST): Griner
4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 10 DAY: 27 YEAR: 82
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
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.: no
14A. FATHER'S NAME: Robert Hilburn
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Sarah White
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Rev. Richard Struthers; ADDRESS: Douglas, Arizona
17. DATE OF DEATH — (MONTH): 2 (DAY): 26 (YEAR): 62

**CAUSE OF DEATH (ITEM 18)**

1538
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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) Cancer of the colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year.
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. —

**ERATIONS, AUTOPSY**

19A. DATE OF OPERATION: June 29 1961
19B. MAJOR FINDINGS OF OPERATION: Metastatic tumor from colon
20. AUTOPSY? YES ☐ NO ☒

**MEDICAL TIFICATION**

9850

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1961, 19__, TO death, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 2/26/62, 19__, AND THAT DEATH OCCURRED AT 12:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE)
22B. ADDRESS: 720 11th St. Douglas Ariz.
22C. DATE SIGNED: 2/27/62

**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?

**ORONER'S TIFICATION**

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

**UNERAL IRECTOR AND EGISTRAR**

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2-28-62
25C. NAME OF CEMETERY OR CREMATORY: Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC. BY LOCAL REG.: 2-27-62
26B. REGISTRAR'S SIGNATURE: Margaret J. McCarty
27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Fay
27B. ADDRESS: Douglas, Ariz.
28A. EMBALMER'S SIGNATURE: Curtis Fay
28B. EMBALMER'S CERT. NO.: 321

FORM VS-2 REV. 5-0-60 - 3014