ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1200
Registrar's No.

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution —; In Community 47 years; in Arizona 47 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Greenlee; (c) City or Town Duncan Rural (If outside city limits also write RURAL)

(d) Street No. —; (e) Citizen of foreign country (yes or No) No
If Yes, which country —

3. (a) FULL NAME Mary Page Randolph (b) If Veteran name war (c) Social Security No. none

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife, if alive — yrs.
7. Birthdate of deceased June 26 1893 (Month) (Day) (Year)
8. AGE: Years 47 Months 9 Days 28 If less than one day hrs. — min. —
9. Birthplace Colorado City (City, town or county) Texas (State or Country)
10. Usual Occupation Housekeeper
11. Industry or Business
Father 12. Name Page Windham
Father 13. Birthplace — (City, town or county) Mississippi (State or Country)
Mother 14. Maiden Name Mary Elizabeth Garvin
Mother 15. Birthplace Louisiana (City, town or county) (State or Country)
16. (a) Informant's own signature Virginia Waters
(b) Address Duncan, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Duncan (c) Date 3-24 1948
18. (a) Embalmer's Signature Mac O'Neal
(b) Funeral Director Jack Heather
(c) Address Lordsburg New Mexico
19. (a) March 24 1948 (Date received local Registrar)
(b) Eugene Romney (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 23, 1948;
TIME (Hour and minute) 9 A. M.

21. I hereby certify that I attended the deceased from March 1, 1948, to March 24, 1948; that I last saw her alive on March 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, cerebral

Due to Arterial hypertension

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. F. Neighbor M. D.
Address Duncan, Ariz. Date signed 3/24/48

20M 100% Rag 8-42 B. Co. County File No. Date Received