

16 13

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 88  
Registrar's No. 13

1. Place of Death: (a) County Gravson (b) City or Town Pima (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 4 Mo (Specify whether years, months or days); in Arizona 4 Mo

2. Usual Residence of Deceased: (a) State Ariz; (b) County Gravson; (c) City or Town Pima (If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) \_\_\_\_\_

3. (a) FULL NAME Lillian Williams (b) If Veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased April 12 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Unknown Texas  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

12. Name Unknown Cooper  
13. Birthplace Unknown  
(City, town or county) (State or Country)

14. Maiden Name Unknown  
15. Birthplace Unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Jess Danham  
(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pima Ariz (c) Date Feb 10 1944

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director W.C. Basson  
(c) Address Safford, Ariz

19. (a) March 9 1944  
(Date received local Registrar)  
(b) J.H. [Signature]  
(Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. \_\_\_\_\_ Date Received 3/9/44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 5 1944  
TIME (Hour and minute) 10-30 A.M.

21. I hereby certify that I attended the deceased from Jan 16  
\_\_\_\_\_, 1944 to Feb 5, 1944  
that I last saw her alive on Jan 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis and Senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 2 yrs  
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 [Signature] M. D. \_\_\_\_\_  
Address Safford Date signed 2/9/44