1341

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

95 ✓

State File No. .....
Registrar's No. 28

1. Place of Death: (a) County Graham (b) City or Town Pima (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 40 yrs ; In Arizona 40 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. ; (b) County GRAHAM ; (c) City or Town Pima (If outside city limits also write RURAL)

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

3. (a) FULL NAME ADA LEE MALOY (b) If Veteran name war ..... (c) Social Security No. None

4. Sex: FEMALE

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: WIDOWED

6. (b) Name of husband ~~or wife~~: MARION D. MALOY

6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased: JAN (Month) 19 (Day), 1867 (Year)

8. AGE: Years 78 | Months 3 | Days 3 | If less than one day hrs. ..... min. .....

9. Birthplace COVINGTON COUNTY, (City, town or county) ALA. (State or Country)

10. Usual Occupation HOUSEWIFE

11. Industry or Business .....

Father
12. Name JAMES THOMAS BRYAN
13. Birthplace COVINGTON COUNTY, (City, town or county) ALA (State or Country)

Mother
14. Maiden Name SARAH ANN JOHNSON
15. Birthplace GEORGIA (City, town or county) (State or Country)

X 16. (a) Informant's own signature J Harley Carpenter
(b) Address Pima Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz. (c) Date 4/25 19 45

18. (a) Embalmer's Signature .....
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz.

19. (a) May 9, 1945 (Date received Local Registrar)
(b) J. N. Shatton M.D. (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 22, 1945
TIME (Hour and minute) 5 A. M.

21. I hereby certify that I attended the deceased from March 21, 1945 to April 22, 1945; that I last saw her alive on April 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

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 G. G. Nelson M. D.
Address Safford Ariz. Date signed 4/22/45