STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 3152
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town St. David (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 71 years (Specify whether years, months or days) ; In Arizona 71 years.

2. Usual Residence of Deceased: (a) State arizona ; (b) County Cochise ; (c) City or Town St David (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 Annie Marion Goodman (b) If veteran name war (c) Social Security No. none

4. Sex F

5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife Joseph Thomas Goodman

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

7. Birthdate of deceased Feb. (Month) 3 (Day) 1873 (Year)

8. AGE: Years 75 Months 2 Days 19 If less than one day hrs. min.

9. Birthplace Charleston (City, town or county) Utah (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father 12. Name Joseph McRae
13. Birthplace not known (City, town or county) (State or Country)

Mother 14. Maiden Name Maria Taylor
15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature Glen Goodman
(b) Address St. David, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place St. David (c) Date April 23 1948

18. (a) Embalmer's Signature No Embalmers
(b) Funeral Director LDS Church
(c) Address St David, Ariz

19. (a) April 23, 1948 (Date received Local Registrar)
(b) L. A. Kelly (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 22, 1948;
TIME (Hour and minute) 1:10 a M.

21. I hereby certify that I attended the deceased from February 2, 1948 to April 22, 1948; that I last saw her alive on April 22, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Old age and general debilitation

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION 4 mo

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 J. M. Hesser M. D.
Address Benson Date signed April 22 1948

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