

1157

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

337

CERTIFICATE OF DEATH

REGISTRAR'S NO. 5

BIRTH NO.

08 X
PLACE OF DEATH
AND
RESIDENCE
5

1. PLACE OF DEATH
A. COUNTY Mohave
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Chloride
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 31 yrs 35 yrs
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona B. COUNTY Mohave
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Chloride
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

2
DECEASED
PERSONAL
DATA
165
4
149

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Lillie B. (MIDDLE) Barksdale C. (LAST) Stephens
4. SEX F 5. COLOR OR RACE W
6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED 7. DATE OF BIRTH MONTH May DAY 1 YEAR 1883 8. AGE YEARS 65 MONTHS 8 DAYS 8 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife
9B. KIND OF BUSINESS OR INDUSTRY Home 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) (IF YES, WAR OR DATES OF SERVICE) no 13. SOCIAL SECURITY NO. -
14A. FATHER'S NAME Robert Hall 14B. BIRTHPLACE (STATE OR COUNTRY) Texas 15A. MOTHER'S MAIDEN NAME Tillie Edwards 15B. BIRTHPLACE (STATE OR COUNTRY) Texas
16. INFORMANT'S SIGNATURE Dora J. Barksdale ADDRESS Chloride, Ariz 17. DATE OF DEATH (MONTH) JAN. (DAY) 9 (YEAR) 1949

CAUSE
OF
DEATH
ITEM 18)
1201
0
10

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary heart disease
ANTECEDENT CAUSES DUE TO (b) essential hypertension
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

OPERATIONS,
AUTOPSY
2
DEATH
DUE TO
EXTERNAL
FORCE

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

MEDICAL
CORONER'S
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 9, 1949 TO Jan 9, 1949. THAT I LAST SAW THE DECEASED ALIVE ON Jan 9, 1949 AND THAT DEATH OCCURRED AT 3P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) Charles E. ... M.D. 23B. ADDRESS Kingman, Arizona 23C. DATE SIGNED 1-11-49

FUNERAL
DIRECTOR
AND
REGISTRAR

24A. BURIAL CREMATION REMOVAL 24B. DATE 1-12-49 24C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kingman Arizona
25A. DATE REC'D BY LOCAL REG. Jan. 11, 1949 25B. REGISTRAR'S SIGNATURE Ray M. Miller 26. FUNERAL DIRECTOR'S SIGNATURE Joseph ... ADDRESS Kingman Ariz