

2916

Dr. Fillmore

260X

1926

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 65

07 05  
OF DEATH 33  
24  
RESIDENCE 5

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 2 mo. 65 yr.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) None	
D. FULL NAME OF HOSPITAL OR INSTITUTION 201 East 4th. Ave.			

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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Zobedia B. (MIDDLE) A. C. (LAST) Ferrin			4. SEX Female	5. COLOR OR RACE White
6. MARRIED NEVER MARRIED WIDOWED DIVORCED	7. DATE OF BIRTH MONTH 10 DAY 29 YEAR 67	B. AGE YEARS 81 MONTHS 4 DAYS 16	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Housewife
9B. KIND OF BUSINESS OR INDUSTRY at home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	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 None
14A. FATHER'S NAME Woodruff W. Crockett		14B. BIRTHPLACE (STATE OR COUNTRY) Maine	15A. MOTHER'S MAIDEN NAME Mary M. Reed	
16. INFORMANT'S SIGNATURE Robert Ferrin		ADDRESS Safford, Ariz.		17. DATE OF DEATH (MONTH) March (DAY) 16 (YEAR) 1949

USE 260X  
IF 0  
ATH 0  
A 18) 0

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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Acute &amp; Chronic Cholecystitis with stones &amp; Diabetes</i>		INTERVAL BETWEEN ONSET AND DEATH
	11. OTHER SIGNIFICANT CONDITIONS		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	

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20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

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ONER'S  
ICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 19... TO 19... THAT I LAST SAW THE DECEASED ALIVE ON 19... AND THAT DEATH OCCURRED AT 12:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>Dr. Fillmore</i>	23B. ADDRESS	23C. DATE SIGNED 3-18-49
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24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL	24B. DATE 3-18-49	24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona
25A. DATE REC'D BY LOCAL REG. 3-25-49	25B. REGISTRAR'S SIGNATURE <i>John Mel drum</i>	26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary ADDRESS Mesa, Ariz.	