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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 48

08 083 23 ND RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Mohave		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Mohave	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Kingman		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 43 yrs 43 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Kingman	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) At Home				D. STREET ADDRESS No St Ad.	
	3. NAME OF DECEASED A. (FIRST) Mary		B. (MIDDLE) Ursula		C. (LAST) Johnson	
IDENT ONAL ATA 143 0 549	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 25 1906 YEARS 43 MONTHS 3 DAYS 14		8. AGE IF UNDER 24 HOURS HOURS MIN.	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). House Wife		9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kingman ARIZ	
	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. no	
	14A. FATHER'S NAME Anson H Smith		14B. BIRTHPLACE (STATE OR COUNTRY) New York		15A. MOTHER'S MAIDEN NAME Mary Agnes HUGHES	
USE 9160 OF ATH 0 M 18)	16. INFORMANT'S SIGNATURE Glenn Johnson Kingman Ariz		17. DATE OF DEATH MONTH DAY YEAR May 9th 1949		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 CONTRACTIONS.	
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Coroner's Verdict: Came to her death as a result of asphyxiation or burns, or both caused by the fire which destroyed the residence known as the Glenn Johnson home located south of Park Street * * *		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) home		21C. (CITY OR TOWN) (COUNTY) (STATE) Kingman Mohave Ariz.	
MEDICAL CORONER'S CERTIFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY May 9th 1949 12 M noon		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Burned to death - burning building	
	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 _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE C. M. Kishor		23B. ADDRESS Coroner Box 29, Kingman, Arizona		23C. DATE SIGNED 5-10-49	
	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE 5-11-49		24C. NAME OF CEMETERY OR CREMATORY Mountain View Kingman Ariz	
FUND TRAR	25A. DATE REC'D BY LOCAL REG. 5-10-49		25B. REGISTRAR'S SIGNATURE Hazel M. Miller		26. FUNERAL DIRECTOR'S SIGNATURE Glenn Johnson Kingman Ariz	