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1991

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY <u>Marcopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Marcopa</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Wickenburg</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Wickenburg</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>1 1/2 yrs 1 1/2 yrs</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION: <u>Community Hospital Inc</u>			
3. NAME OF DECEASED A. (FIRST) <u>Ruby</u> B. (MIDDLE) <u>E.</u> C. (LAST) <u>Hoffman</u>		4. SEX <u>F</u>	5. COLOR OR RACE <u>W</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>9</u> DAY <u>3</u> YEAR <u>1882</u>	
8. AGE YEARS <u>66</u> MONTHS <u>9</u> DAYS <u>12</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arkansas</u>	
11. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	
13. SOCIAL SECURITY NO.		14A. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>		15A. MOTHER'S MAIDEN NAME <u>unknown</u>	
15B. BIRTHPLACE (STATE OR COUNTRY)		16. INFORMANT'S SIGNATURE <u>Augustus H. Hoffman</u> ADDRESS <u>Wickenburg, Arizona</u>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 15 1949</u>		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 CONTRACTED.	
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3 months.</u>	
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Generalized Carcinoma - tosis of abdomen</u>			
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 <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?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1/30</u> 19 <u>48</u> TO <u>6/15</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>6/15</u> 19 <u>49</u> . AND THAT DEATH OCCURRED AT <u>4:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>J. E. Andes, M.D.</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Wickenburg, Arizona</u>	
23C. DATE SIGNED <u>6-22-49</u>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>6-18-49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Wickenburg Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Wickenburg, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>6-18-49</u>		25B. REGISTRAR'S SIGNATURE <u>Mamie M Coffinger</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>B/L Coffinger</u>		ADDRESS	

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