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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>GREENLEE</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>ARIZONA</u> B. COUNTY <u>GREENLEE</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>DUNCAN</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>DUNCAN</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>SINCE JAN. 1908</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>DUNCAN, ARIZONA</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <u>DUNCAN, ARIZONA</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>DUNCAN, ARIZONA</u>	
3. NAME OF DECEASED A. (FIRST) <u>FLORENCE</u> B. (MIDDLE) <u>ANNIE LEE</u> C. (LAST) <u>WILSON</u>		4. SEX <u>FE</u> 5. COLOR OR RACE <u>Wh.</u>	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>JAN</u> DAY <u>3</u> YEAR <u>1864</u>	
8. AGE YEARS <u>85</u> MONTHS <u>7</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>HOUSEWIFE</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ALABAMA</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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. FATHER'S NAME <u>J. ALLEN Smith</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>ALABAMA</u>		15A. MOTHER'S MAIDEN NAME <u>HESTER GRIMMER</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>ALABAMA</u>		16. INFORMANT'S SIGNATURE <u>Ela Campbell Holbrook</u>	
17. DATE OF DEATH (MONTH) <u>August</u> (DAY) <u>15</u> (YEAR) <u>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.	
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. <u>PRIMARY OF LIVER DISEASES INCIDENT TO old AGE</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
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>MARCH</u> 19 <u>49</u> TO <u>August 15</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>8/15</u> 19 <u>49</u> . AND THAT DEATH OCCURRED AT <u>8:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>Robert C. Thomas, M.D.</u>		23B. ADDRESS <u>Duncan, Ariz.</u>	
23C. DATE SIGNED <u>8/15/49</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE <u>8/15/49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Franklin</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Franklin Missor</u>		25A. DATE REC'D BY LOCAL REG. <u>Aug 17/49</u>	
25B. REGISTRAR'S SIGNATURE <u>E. J. Roanney</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Mobley</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin</u>		ADDRESS	