

PUNCHED  
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

10413

4644

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 1 day		IN ARIZONA Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)					
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Eagar		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION St. Joseph's Hospital					D. STREET (IF RURAL, GIVE LOCATION) ADDRESS		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Polly			B. (MIDDLE) Estella		C. (LAST) Bigelow		4. SEX Fem	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE David Omer Bigelow			7. DATE OF BIRTH MONTH DAY YEAR 9 21 1896		8. AGE (IN YEARS LAST BIRTHDAY) 68		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife		
	9B. KIND OF BUSI- NESS OR INDUSTRY At home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA		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 Henry Thompson			14B. BIRTHPLACE (STATE OR COUNTRY) Canada		15A. MOTHER'S MAIDEN NAME Polly Rose			15B. BIRTHPLACE (STATE OR COUNTRY) Michigan			
	16. INFORMANT'S SIGNATURE Taken from Grimshaw Mortuary Records					ADDRESS R. Withers		17. DATE OF DEATH November 22, 1964				
CAUSE OF DEATH (EM 18)	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 CONDITION DIRECTLY LEADING TO DEATH:  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST.  DUE TO (B)  DUE TO (C)					MEDICAL CERTIFICATION (A) Mitral heart disease		INTERVAL BETWEEN ONSET AND DEATH ?		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 21 Nov, 1964 TO 22 Nov, 1964 THAT I LAST SAW THE DECEASED ALIVE ON 22 Nov., 19 64, AND THAT DEATH OCCURRED AT 8:35 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
	22A. SIGNATURE Donald A. Polson M.D.			(DEGREE OR TITLE)			22B. ADDRESS 55 W Thomas			22C. DATE SIGNED 11/23/64		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				23C. (CITY OR TOWN) (COUNTY) (STATE)					
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?							
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE					24B. ADDRESS			24C. DATE SIGNED			
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 11-23-64		25C. NAME OF CEMETERY OR CREMATORY			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Springerville, Arizona				
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 11/23/64		26B. REGISTRAR'S SIGNATURE Beulah Johnston			27A. FUNERAL DIRECTOR'S SIGNATURE Fredrick Wahelen			27B. ADDRESS Grimshaw Mortuary			
	28A. EMBALMER'S SIGNATURE Fredrick Wahelen					28B. EMBALMER'S CERT. NO. 408A						