ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1538

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Wickenburg Rural
C. LENGTH OF STAY IN THIS PLACE / IN ARIZONA: Tourist
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Some East Wickenburg Hiway 60-70

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: California
B. COUNTY: Los angeles
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Santa monica
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 404 San Vicente Blvd.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) May B. (MIDDLE) Louise C. (LAST) Willat

4. SEX: Female

5. COLOR OR RACE: white

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH MONTH: May DAY: 3 YEAR: 1886

8. AGE YEARS: 63 MONTHS: 10 DAYS: 7

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): New york

11. CITIZEN OF WHAT COUNTRY?: U S A

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.: none

14A. FATHER'S NAME: William Thomas Roch

14B. BIRTHPLACE (STATE OR COUNTRY): England

15A. MOTHER'S MAIDEN NAME: Louise Loomer

15B. BIRTHPLACE (STATE OR COUNTRY): nova Scotia

16. INFORMANT'S SIGNATURE: Agnes I. Murray ADDRESS: 1709 Larrabee St. W. Hollywood Calif.

17. DATE OF DEATH (MONTH) (DAY) (YEAR): march 10 1950

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) motor vehicle accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: crush skull

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY): accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Hiway 60-70 about 5 mi. East

21C. (CITY OR TOWN) (COUNTY) (STATE): Wickenburg maricopa arizona

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 3-10-50 9:00 AM

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?: automobile accident ✓

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 9:00 AM., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): R. L. Westall, Ex Officio Coroner

23B. ADDRESS: Wickenburg

23C. DATE SIGNED: 3/14/50

24A. BURIAL ☐ **CREMATION** ☒ **REMOVAL** ☒

24B. DATE: 3-15-50

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix arizona

25A. DATE REC'D BY LOCAL REG.: 3-14-50

25B. REGISTRAR'S SIGNATURE: Naomi Coffinger

26. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H. L. Coffinger Wickenburg arizona

FORM VS 2 REV. 1-1-49