

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

1812  
37

BIRTH NO.

REGISTRAR'S NO.

|                    |  |  |   |  |
|--------------------|--|--|---|--|
| DEATH<br>RESIDENCE | 1. PLACE OF DEATH<br>A. COUNTY <u>Graham</u>   |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION, B. COUNTY <u>Graham</u> ) |  |
|                    | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford Rural</u>                                      |  | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford Rural</u>   |  |
|                    | D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)   |  |

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| NT<br>JAL<br>A179<br>6<br>450                                     | 3. NAME OF DECEASED (TYPE OR PRINT: A. (FIRST) <u>DAVID</u> B. (MIDDLE) <u>WILLIAM</u> C. (LAST) <u>BIRDNO</u> )   |   |  | 4. SEX <u>M.</u>  | 5. COLOR OR RACE <u>W.</u>                        |
|   | 6. MARRIED (NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input 2"="" type="checkbox/&gt;)&lt;/td&gt; &lt;td colspan="/> 7. DATE OF BIRTH (MONTH <u>June</u> DAY <u>17</u> YEAR <u>1879</u> ) | B. AGE (YEARS <u>76</u> MONTHS <u>10</u> DAYS <u>6</u> )    | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) |   |   |
|   | 9B. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>   | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Logan Utah</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)) | 13. SOCIAL SECURITY NO.                           |
| 14A. FATHER'S NAME <u>W.H. Birdno.</u>                            |  | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ohio</u>              | 15A. MOTHER'S MAIDEN NAME <u>Mary Farrell</u>                                  |   | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u> |
| 16. INFORMANT'S SIGNATURE <u>x William H. Birdno Safford Ariz</u> |  |   | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April, 23 - 1950</u>                 |   |   |

|                 |  |  |   |  |   |
|-----------------|--|--|---|--|---|
| ENH<br>H<br>18) | 18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)<br>*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY OR COMPLICATION WHICH CAUSED DEATH.<br>PLACE DISEASE CONTRACTED. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u><br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Arteriosclerosis of arteries</u><br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
|                 |  |  | II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.)   |  |   |
|                 |  |  |   |  |   |

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| DNS,<br>SY         | 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)   |
| H<br>O<br>AL<br>CE | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

|                     |   |                                  |                                 |
|---------------------|---|----------------------------------|---------------------------------|
| AL<br>NER'S<br>TION | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-1</u> 19 <u>43</u> TO <u>April 22 1950</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>April 22 1950</u> AND THAT DEATH OCCURRED AT <u>3:36</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. |                                  |                                 |
|                     | 23A. SIGNATURE (DEGREE OR TITLE) <u>Francis D. Stratten, M.D.</u>   | 23B. ADDRESS <u>Safford Ariz</u> | 23C. DATE SIGNED <u>4-26-50</u> |

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| AL<br>DR | 24A. BURIAL (CREMATION <input type="checkbox"/> REMOVAL <input 2"="" type="checkbox/&gt;)&lt;/td&gt; &lt;td&gt;24B. DATE &lt;u&gt;4/25/50&lt;/u&gt;&lt;/td&gt; &lt;td&gt;24C. NAME OF CEMETERY OR CREMATORY &lt;u&gt;Union Cemetery&lt;/u&gt;&lt;/td&gt; &lt;td&gt;24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) &lt;u&gt;Safford, Ariz&lt;/u&gt;&lt;/td&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td&gt;25A. DATE REC'D BY LOCAL REG. &lt;u&gt;April 28, 1950&lt;/u&gt;&lt;/td&gt; &lt;td&gt;25B. REGISTRAR'S SIGNATURE &lt;u&gt;J.D. Stratten, M.D. Deputy C. H. King&lt;/u&gt;&lt;/td&gt; &lt;td&gt;26. FUNERAL DIRECTOR'S SIGNATURE &lt;u&gt;W.C. Rawson&lt;/u&gt;&lt;/td&gt; &lt;td&gt;ADDRESS &lt;u&gt;Safford Ariz&lt;/u&gt;&lt;/td&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td rowspan="/> AR |  |  | 27. EMBALMER'S SIGNATURE <u>W.C. Rawson</u> | CERT. NO. <u>1160</u> |
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