

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3426

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 49

25-05 31 OF DEATH AND RESIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>Graham</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Pima Arizona</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>5 yrs 5 mos</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Pima, Arizona</u>			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <u>Address or location</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)			
IDENT PERSONAL DATA 157	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Minnie</u> B. (MIDDLE) <u>Ruth</u> C. (LAST) <u>Colvin</u>			4. SEX <u>Fe</u>		5. COLOR OR RACE <u>White</u>		
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Oct.</u> DAY <u>23</u> YEAR <u>1892</u>		8. AGE YEARS <u>57</u> MONTHS <u>8</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		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</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>	
157 X USE OF ATH M 18) 0	14A. FATHER'S NAME <u>J. D. Hohladay</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>California</u>		15A. MOTHER'S MAIDEN NAME <u>FANNY R. Dahl</u>		
	16. INFORMANT'S SIGNATURE <u>H. Colvin</u>			ADDRESS <u>Tempe</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 5 1950</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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia with weakness and (dilatation)</u> DUE TO (b) <u>Cancer of stomach 1949</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>Week</u>
ATIONS, OPSY ATH TO RNAL ENCE	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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
ICAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>5-27-</u> 19 <u>49</u> TO <u>7-5-</u> 19 <u>50</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>7-4-</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>12:30</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						23C. DATE SIGNED <u>July 6-1950</u>	
	23A. SIGNATURE <u>V. W. Butler</u>			23B. ADDRESS <u>La Jolla, Calif.</u>				
ERAL CTOR ID TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>7-7-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>July 9 1950</u>		25B. REGISTRAR'S SIGNATURE <u>J. P. Stratton</u>		25C. FUNERAL DIRECTOR'S SIGNATURE <u>H. Caldwell</u>		ADDRESS <u>La Jolla</u> CERT. NO. <u>291A</u>	