

Dr. Callagy

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4525

CERTIFICATE OF DEATH

REGISTRAR'S NO.

54

BIRTH NO. _____

1. PLACE OF DEATH
A. COUNTY *DeLa*
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) *Miami*
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA (RURAL) *10 yr. 10 yr.*
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) *Meams - Ins. Hospital*

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)
A. STATE *Ariz.*
B. COUNTY *DeLa*
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN *Globe Rural*
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *No. 8 Mc Kenney St. Central Heights*

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) *Dorothy*
B. (MIDDLE) *Quincy*
C. (LAST) *Paddock (Rosalyn)*
4. SEX *Female*
5. COLOR OR RACE *White*

6. MARRIED - NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH *July* DAY *29* YEAR *1940*
8. AGE YEARS *10* MONTHS *2* DAYS *11*
9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) *none*

9B. KIND OF BUSINESS OR INDUSTRY _____
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Miami Ariz.*
11. CITIZEN OF WHAT COUNTRY? *U.S.*
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 *John Quincy Paddock*
14B. BIRTHPLACE (STATE OR COUNTRY) *Clifton Ariz.*
15A. MOTHER'S MAIDEN NAME *Audie S. Reeves*
15B. BIRTHPLACE (STATE OR COUNTRY) *Wt. Chester Pa.*

16. INFORMANT'S SIGNATURE *John Q. Paddock* ADDRESS *Globe Ariz.*
17. DATE OF DEATH (MONTH) *Sept.* (DAY) *10* (YEAR) *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, ASTHENA, 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) *Pulmonary Edema*
ANTECEDENT CONDITIONS, IF ANY, GIVING MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) *Cardiac failure*
DUE TO (c) *Uremia & I*
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. *due to glomerulonephritis*

INTERVAL BETWEEN ONSET AND DEATH
12 hours
12 hours
3 days
5 years

19A. DATE OF OPERATION _____
19B. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21A. ACCIDENT (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 NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR? _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *Jan* 19*50* TO *Sept.* 19*50*. THAT I LAST SAW THE DECEASED ALIVE ON *Sept. 10*, 19*50* AND THAT DEATH OCCURRED AT *9:35 a.m.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) *Dr. Callagy M.D.*
23B. ADDRESS *Box 623 Miami Bay*
23C. DATE SIGNED *9/12/50*

24A. BURIAL CREMATION REMOVAL
24B. DATE *Sept. 13, 1950*
24C. NAME OF CEMETERY OR CREMATORY *Pinel Cemetery*
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) *Miami Ariz.*

25A. DATE REC'D BY LOCAL REG. *Sept 1950*
25B. REGISTRAR'S SIGNATURE *Arson D. Boyson*
26. FUNERAL DIRECTOR'S SIGNATURE *Rita H. Miles* ADDRESS *Miami Ariz.*
27. EMBALMER'S SIGNATURE *H. L. McPherson* CERT. NO. *314*