

CERTIFICATE OF DEATH

14 14 32 OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Yavapai				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yavapai					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Prescott		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 13yrs. 20yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Prescott					
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 202 Josephine St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 202 Josephine St.					
IDENTIFICATION DATA 144 0 050	3. NAME OF DECEASED A. (FIRST) Era B. (MIDDLE) May C. (LAST) Clark			4. SEX Female		5. COLOR OR RACE White				
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Nov. DAY 14 YEAR 1905		8. AGE YEARS 44 MONTHS 11 DAYS 3		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife			
	9B. KIND OF BUSINESS OR INDUSTRY None		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? United States		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 Edwin L. Browning		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Ida May Tenney			
	15B. BIRTHPLACE (STATE OR COUNTRY) New Mexico		16. INFORMANT'S SIGNATURE W. E. Clark		ADDRESS P. O. # 925, Prescott		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 17, 1950			
416X AUSE OF EATH EM 181 0	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 CONTRA-CTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral Vascula Accident-Emboli ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT-ING THE UNDERLYING CAUSE LAST. DUE TO (b) Mural Thromb of Heart DUE TO (c) Rheumatic Heart Disease II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Emboli to Rt Brachial Artery				INTERVAL BETWEEN ONSET AND DEATH 4 hrs. Unknown Unknown 4 hrs.	
	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)					
EATH IE TO ERNAL LENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/17 , 19 50 , TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON 10-17 , 19 50 , AND THAT DEATH OCCURRED AT 3:00 P. M. OF THE CAUSES AND ON THE DATE STATED ABOVE.									
MEDICAL RSONER'S ICATION	23A. SIGNATURE (DEGREE OR TITLE) M. W. Phillips MD			23B. ADDRESS Prescott, Arizona		23C. DATE SIGNED 10-19-50				
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Oct. 20, 1950		24C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Arizona			
GENERAL ECTOR IND STRAR 2	25A. DATE REC'D BY LOCAL REG. Oct 20, 1950		25B. REGISTRAR'S SIGNATURE D. Barrett		26. FUNERAL DIRECTOR'S SIGNATURE Lester Ruffner		ADDRESS 303 S. Cortez			
					27. EMBALMER'S SIGNATURE Robert V. Ingraham		CERT. NO. 294-A			