

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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| 1. PLACE OF DEATH<br>A. COUNTY <b>Greenlee</b>   |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).<br>A. STATE <b>Arizona</b> B. COUNTY <b>Greenlee</b> |  |
| B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Clifton Rural</b>                                      |  | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Clifton Rural</b>   |  |
| C. LENGTH OF STAY IN PLACE (IF IN ARIZONA) <b>15 yrs / 23 yrs</b>  |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)   |  |
| D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) |  |   |  |

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|---|--|---|--|--|
| 3. NAME OF DECEASED<br>A. (FIRST) <b>Mary</b> B. (MIDDLE) <b>Francis</b> C. (LAST) <b>Crabtree</b>  |  |   | 4. SEX <b>Fm</b>   | 5. COLOR OR RACE <b>White</b>  |
| 6. MARRIED (TYPE OR PRINT):<br><input type="checkbox"/> NEVER MARRIED<br><input checked="" type="checkbox"/> WIDOWED<br><input type="checkbox"/> DIVORCED |  |   | 7. DATE OF BIRTH<br>MONTH <b>Nov</b> DAY <b>20</b> YEAR <b>1889</b>                              |  |
| 8. AGE<br>YEARS <b>80</b> MONTHS <b>11</b> DAYS <b>11</b>   |  |   | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).<br><b>At Home</b> |  |
| 9B. IND. AND OF BUSI. OR INDUSTRY<br><b>At Home</b>   |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><b>Oregon</b>          | 11. CITIZEN OF WHAT COUNTRY?<br><b>US</b>  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, UNKNOWN) (IF YES, GIVE DATES OF SERVICE)<br><b>No</b> |
| 13. SOCIAL SECURITY<br><b>None</b>  |  | 14A. FATHER'S NAME<br><b>Mitchell</b>                               | 14B. BIRTHPLACE (STATE OR COUNTRY)<br><b>No.</b>   | 15A. MOTHER'S MAIDEN NAME<br><b>Isabel Conger</b>  |
| 16. INFORMANT'S SIGNATURE<br><b>Stirling P. Corabius Demaree</b>  |  | 17. DATE OF DEATH<br>MONTH <b>Nov</b> DAY <b>9</b> YEAR <b>1950</b> |  | 15B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Unknown</b>   |

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| 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).<br><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><br>PLACE DISEASE CONTRACTED. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wks</b> |
|   | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>cerebral apoplexy</b>  |  |  |
|   | ANTECEDENT CAUSES<br>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (b) <b>chr. arterio-sclerosis</b><br>DUE TO (c) |  | <b>many yrs.</b>                                 |
| II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  |   |  |  |

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| 19A. DATE OF OPERATION                               | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>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<br>M | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **7:00** 19 **20** 19 **50** TO **7:00** 19 **20** 19 **50** THAT I LAST SAW THE DECEASED ALIVE ON **7:00** 19 **20** 19 **50** AND THAT DEATH OCCURRED AT **5:00** P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

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| 23A. SIGNATURE<br><b>C. H. Ransharn M.D.</b> | 23B. ADDRESS<br><b>Clifton Ariz</b> | 23C. DATE SIGNED<br><b>Nov 10/50</b> |
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| 24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> | 24B. DATE<br><b>Nov 11-1950</b>                       | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Duncan</b>   | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><b>Duncan Arizona</b> |
| 25A. DATE REC'D BY LOCAL REG.<br><b>11-13-50</b>  | 25B. REGISTRAR'S SIGNATURE<br><b>M. D. Sarnes Jr.</b> | 26. FUNERAL DIRECTOR'S SIGNATURE<br><b>M. D. Sarnes Jr.</b><br>ADDRESS <b>Clifton Ariz</b><br>CERT. NO. <b>1664</b> |  |