

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 74 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO. 7

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Graham		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Town Safford	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 hr. life	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN Pima	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Safford Inn Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) in south Pima	

IDENTIFICATION DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Esther B. (MIDDLE) Minerva C. (LAST) Bleak			4. SEX Fe	5. COLOR OR RACE White
	6. MARRIED (NEVER MARRIED) WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH Month 7, Year 1891		8. AGE YEARS 56 MONTHS 4 DAYS 13	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U. S. A.	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.
	14A. FATHER'S NAME Squire Enoch Reynolds		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Melissa Cordelia Dyer	15B. BIRTHPLACE (STATE OR COUNTRY) Tenn.
16. INFORMANT'S SIGNATURE Joseph A. Bleak		ADDRESS Pima, Arizona	17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 20, 1951		

CAUSE OF DEATH (EM 18)	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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH one hour
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism, massive		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Acute Bronchopneumonia 4-5 days		
			DUE TO (c) Carcinoma of rt. Fallopian tube Tuberculous peritonitis		6 mos? ?
19A. DATE OF OPERATION 12/14/50		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Fallopian tube, rt. Tuberculous peritonitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DEATH CERTIFICATE	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/23/50, 19 TO 1/20/51, 19 THAT I LAST SAW THE DECEASED ALIVE ON 1/21/51, 19 AND THAT DEATH OCCURRED AT 5:30 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE John W. Moon M.D.	23B. ADDRESS 803 7th St. Safford	23C. DATE SIGNED 1/24/51
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 1-24-51	24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery

GENERAL REGISTRAR	25A. DATE REC'D BY LOCAL REG. January 26, 1951	25B. REGISTRAR'S SIGNATURE J. M. Stoddard	26. FUNERAL DIRECTOR'S SIGNATURE J. A. Caldwell	ADDRESS Safford, Ar.
			27. EMBALMER'S SIGNATURE J. A. Caldwell	CERT. NO. 291