

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2590

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

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| DATE OF DEATH AND RESIDENCE 15 th 1951 78 th 78 5 | 1. PLACE OF DEATH A. COUNTY Yuma | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Somerton, rural | | C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 33 yr 33 yr | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 229 Adams St | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Somerton rural | |
| | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 229 Adams St | |

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| IDENTIFICATION DATA 174 6 451 | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) MARY B. (MIDDLE) Jane C. (LAST) Blair | | | 4. SEX Female | 5. COLOR OR RACE White |
| | 6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 7. DATE OF BIRTH MONTH DAY YEAR Jan 8 1877 | B. AGE YEARS MONTHS DAYS 74 3 18 | 8. UNDER 24 HOURS HOURS MIN. | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife |
| | 9B. KIND OF BUSINESS OR INDUSTRY Home | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Miss | 11. CITIZEN OF WHAT COUNTRY? USA | 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. no |
| | 14A. FATHER'S NAME Pat Haffey | 14B. BIRTHPLACE (STATE OR COUNTRY) Ireland | 15A. MOTHER'S MAIDEN NAME Anna Elizabeth Ward | 15B. BIRTHPLACE (STATE OR COUNTRY) Miss | |

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| CAUSE OF DEATH 443X 0 0 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, ASTHENIA, 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) Congestive Heart Failure ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility | | INTERVAL BETWEEN ONSET AND DEATH 1 mo |
| | 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) |

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| OPERATIONS TUPSY 2 DEATH TIME TO FURNAL LENCE - | 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? | |
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| MEDICAL PRONER'S I IICATION | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-12-1950 TO 4-16-1951 THAT I LAST SAW THE DECEASED ALIVE ON 4-8-1951 AND THAT DEATH OCCURRED AT 4 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | |
| | 23A. SIGNATURE Eugene S. Shreyer, M.D. | 23B. ADDRESS Somerton, Arizona | 23C. DATE SIGNED 4-18-51 |

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| GENERAL DIRECTOR 78 AND REGISTRAR 2 | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 24B. DATE 4-19-51 | 24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona |
| | 25A. DATE REC'D BY LOCAL REG. 4/23/51 | 25B. REGISTRAR'S SIGNATURE A. Cavanaugh | | 26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary Box 310 Yuma, Ariz 27. EMBALMER'S SIGNATURE O. Jalusson 19A |