ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 27

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 14

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 2 days; IN ARIZONA: 22 yrs
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz. B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1019 20th St

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mollie B. (MIDDLE) Emeline C. (LAST) Henson
4. SEX: female
5. COLOR OR RACE: white
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
7. DATE OF BIRTH: MONTH Jan DAY 13 YEAR 1882
8. AGE (IN YEARS LAST BIRTHDAY): 71 — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: 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): Texas
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):
13. SOCIAL SECURITY NO.: -
14A. FATHER'S NAME: F M Blevins
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Sarah McDonald
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Robt T. Bibb — ADDRESS: Tucson, Arizona
17. DATE OF DEATH: (MONTH) Jan. (DAY) 21 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 33/X
+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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — 3 yrs.
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M:
21E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 19, 1953, TO Jan 21, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Jan 21, 1953, AND THAT DEATH OCCURRED AT 2:15 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): R E Montgomery M.D.
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 1/24/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 1-22-53
24C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
25A. DATE REC'D BY LOCAL REG.: Jan 26/53
25B. REGISTRAR'S SIGNATURE: E W Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown — ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Gordon Brown — CERT. NO.: 238

FORM VS 2 REV. 4-15-52