ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1668

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 658

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 5yl m9d; IN ARIZONA: 25yrs.
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Arizona State Hosp., Phoenix

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Gertrude B. (MIDDLE): C. (LAST): Dillard
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH MONTH: Unknown DAY: YEAR:
8. AGE (IN YEARS LAST BIRTHDAY): 63 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: None
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): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: George Forbes
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Ella Parker
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Arizona State Hospital Records, Phoenix ADDRESS:
17. DATE OF DEATH (MONTH): March (DAY): 12 (YEAR): 1953

CAUSE OF DEATH (ITEM 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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Cancer of bone (Pelvis)
INTERVAL BETWEEN ONSET AND DEATH

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

II. OTHER SIGNIFICANT CONDITIONS Involutional Psychosis, depressive
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 ☒

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 Febr. 3, 1948 TO March 12, 1953 THAT I LAST SAW THE DECEASED ALIVE ON March 12, 1953 AND THAT DEATH OCCURRED AT 4:10 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature] (DEGREE OR TITLE): M.D., Director
23B. ADDRESS: 2500 E. Van Buren, Phoenix
23C. DATE SIGNED: 3-13-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: March 13, 1953
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg, Arizona
25A. DATE REC'D BY LOCAL REG.: 3/13/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: H L Coffinger ADDRESS: Wickenburg Ariz
27. EMBALMER'S SIGNATURE: H L Coffinger CERT. NO.: 188

FORM VS 2 REV. 4-15-52