ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2317

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 21.

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Safford
C. LENGTH OF STAY IN THIS PLACE: 10 yrs. IN ARIZONA: 73 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): —

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Graham
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Safford,
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): —

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): ELIZBETH B. (MIDDLE): — C. (LAST): CRAIG

4. SEX: F. M.

5. COLOR OR RACE: W.

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: ☐ / ☐ / ☒ / ☐

7. DATE OF BIRTH MONTH: June DAY: 3 YEAR: 1858

8. AGE YEARS: 94 MONTHS: 10 DAYS: 17

IF UNDER 24 HOURS: HOURS — MIN. —

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housework

9B. KIND OF BUSINESS OR INDUSTRY: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah

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: John Weech

14B. BIRTHPLACE (STATE OR COUNTRY): England.

15A. MOTHER'S MAIDEN NAME: Elizabeth Ellis ~~Estha~~ ~~Encoto~~.

15B. BIRTHPLACE (STATE OR COUNTRY): Eng.

16. INFORMANT'S SIGNATURE ADDRESS: x Hermione Kempton Phelps Ariz

17. DATE OF DEATH (MONTH) (DAY) (YEAR): April 20-1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). ~~4-24~~ 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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hypertension — years
DUE TO (c) Arteriosclerosis — years

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

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): none

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): none M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?: —

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 1951 TO April 1953 THAT I LAST SAW THE DECEASED ALIVE ON 4-19 1953 AND THAT DEATH OCCURRED AT 8 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): M. T. Sandeno M.D.

23B. ADDRESS: Safford, Ariz

23C. DATE SIGNED: 4-21-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: April 23-53

24C. NAME OF CEMETERY OR CREMATORY: Pima

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz

25A. DATE REC'D BY LOCAL REG.: April 24, 1953

25B. REGISTRAR'S SIGNATURE: J. N. Stratton Jr. Deputy O. H. Lopez

26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. C. Rawson

27. EMBALMER'S SIGNATURE: W. C. Rawson — CERT. NO.: 116

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