ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2979

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 32

75 05 CE OF DEATH 7b AND 7b AL RESIDENCE X—

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Safford, Rural
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 45yrs 45 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ~~Rural~~ 5 mile north Safford

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Graham
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Safford
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural - 5 mile north of Safford

DECEDENT PERSONAL DATA 2 1 171 7 553

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Laura B. (MIDDLE) Maud C. (LAST) Reed
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH March DAY 22 YEAR 1882
8. AGE: YEARS 71 MONTHS 2 DAYS 8
IF 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: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn.
11. CITIZEN OF WHAT COUNTRY?: USA
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.: —
14A. FATHER'S NAME: Samuel Pettenhuster
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Bathsheba Tate
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Marjorie Howard ADDRESS: Safford
17. DATE OF DEATH (MONTH) May (DAY) 30 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 153 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) Carcinoma Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos?

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Erosion into Duodenum
DUE TO (c) Massive Hemorrhage — 2 mons.

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

ERATIONS, UTOPSY 2

19A. DATE OF OPERATION: 4/4/53
19B. MAJOR FINDINGS OF OPERATION: as under #18.
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO CTERNAL IOLENCE 1 1

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 CORONER'S TIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/4/53 19 TO 5/29/53 19 ____. THAT I LAST SAW THE DECEASED ALIVE ON 5/29/53 19 ____. AND THAT DEATH OCCURRED AT 25 5/29/53 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: John W. Mann (DEGREE OR TITLE) MD
23B. ADDRESS: 803 3rd St. Safford Ariz.
23C. DATE SIGNED: 6/3/53

UNERAL IRECTOR AND GISTRAR 25 2 145

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 6-2-53
24C. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz.
25A. DATE REC'D BY LOCAL REG.: June 3/53
25B. REGISTRAR'S SIGNATURE: J. N. Stratton M.D. Deputy O. N. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W. Caldwell ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. Caldwell CERT. NO.: 291

FORM VS 2 REV. 20M