ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3578

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 39.

PLACE OF DEATH

1. PLACE OF DEATH — A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford (rural)
C. LENGTH OF STAY IN THIS PLACE: 68 yrs IN ARIZONA: 68 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 11 miles South of Safford

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). — A. STATE: Arizona B. COUNTY: Graham
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford (rural)
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 11 miles South of Safford

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): JAMES B. (MIDDLE): DANIEL C. (LAST): MATTHEWS
4. SEX: M
5. COLOR OR RACE: W
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH — MONTH: Sept DAY: 18 YEAR: 1884
8. AGE — YEARS: 68 MONTHS: 9 DAYS: 1
IF UNDER 24 HOURS — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): FARMER
9B. KIND OF BUSINESS OR INDUSTRY: Agriculture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: 526-26-0750
14A. FATHER'S NAME: FRANK S. MATTHEWS
14B. BIRTHPLACE (STATE OR COUNTY): CALIF.
15A. MOTHER'S MAIDEN NAME: ANN ELIZA CLOWARD
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Mrs Ann E Matthews ADDRESS: Rt. #1 Box 23 Safford
17. DATE OF DEATH (MONTH): June (DAY): 19 (YEAR): 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 2 60 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) Diabetic gangrene left foot — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Diabetes Mellitus — 10-15 years ?
DUE TO (c)

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

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 CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9 March, 1953 TO June 18, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 18 June, 1953 AND THAT DEATH OCCURRED AT 12:30 FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: L. S. Keller MD (DEGREE OR TITLE)
23B. ADDRESS: Safford, Arizona
23C. DATE SIGNED: 19 June 53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 6-21-53
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Pima Ariz.
25A. DATE REC'D BY LOCAL REG.: June 20-1953
25B. REGISTRAR'S SIGNATURE: J. U. Stratton M.D. Deputy O. H. Hayes
26. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. H. Caldwell CERT. NO.: 291

FORM VS 2 REV. 10M