ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3588

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

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CE OF DEATH
AND 98
AL RESIDENCE
+ -

1. PLACE OF DEATH
A. COUNTY: Green Lee
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Franklin Rural
C. LENGTH OF STAY IN THIS PLACE: 32 yrs IN ARIZONA: 53
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1 mile East Franklin

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Green Lee
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Franklin, Rural -
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1 mile East Franklin

2
DECEDENT 3
PERSONAL
DATA 173
4
653

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Beulah B. (MIDDLE) Ella Fare C. (LAST) Warren
4. SEX: Fe.
5. COLOR OR RACE: Wh

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: MONTH 11 DAY 9 YEAR 79
8. AGE: YEARS 73 MONTHS 7 DAYS 29
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: Same
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Alabama
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: George W. Wyatt
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Emma Eliza Bryan
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Maddie H Bourgeois ADDRESS: Franklin Ariz.
17. DATE OF DEATH (MONTH) June (DAY) 27, (YEAR) 1953

CAUSE
OF
DEATH
ITEM 18) 0
0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4201
*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 CONDITION DIRECTLY LEADING TO DEATH: Probable Coronary Occlusion
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b): Cardiovascular Renal Disease
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

ERATIONS,
AUTOPSY 4

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH
DUE TO
XTERNAL
IOLENCE +

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 6

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/27/ 1953 TO 6/27/ 1953 THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__ AND THAT DEATH OCCURRED 2:48 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Robert Thomas, J.P.O.
23B. ADDRESS: Duncan, Arizona
23C. DATE SIGNED: 6/27/53

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AND
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2
15 3

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 6-30-53
24C. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
24D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Duncan, Ariz.
25A. DATE REC'D BY LOCAL REG.: 6/30/53
25B. REGISTRAR'S SIGNATURE: Mrs. Osborne N. Smith Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: W H Caldwell
27. EMBALMER'S SIGNATURE: W H Caldwell
ADDRESS: Safford
CERT. NO. 291

FORM VS 2 REV. 4-49 15M