ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3594

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1252

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 13yrs; IN ARIZONA: 22yrs
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 27 West Turney Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 27 West Turney Ave.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Etta B. (MIDDLE) Mae C. (LAST) BLISS

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Carl
7. DATE OF BIRTH — MONTH: Jan DAY: 17 YEAR: 1878
8. AGE (IN YEARS LAST BIRTHDAY): 75
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: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
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.: None
14A. FATHER'S NAME: Will Dias
14B. BIRTHPLACE (STATE OR COUNTRY): Indiana
15A. MOTHER'S MAIDEN NAME:
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: C. B. Bliss (Husband) ADDRESS: 27 West Turney Ave. Phoenix, Arizona
17. DATE OF DEATH (MONTH) June (DAY) 4 (YEAR) 1953

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) carcinoma of cervix of uterus — INTERVAL BETWEEN ONSET AND DEATH: Nov 1949

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

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

19A. DATE OF OPERATION: Dec 9, 1949
19B. MAJOR FINDINGS OF OPERATION: carcinoma of cervix of uterus
20. AUTOPSY? YES [ ] NO [X]

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 6, 1953, TO June 4, 1953, THAT I LAST SAW THE DECEASED ALIVE ON June 4, 1953, AND THAT DEATH OCCURRED AT 8:30 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: H. E. Ketcherside (DEGREE OR TITLE) M.D.
23B. ADDRESS: 800 N. 1st. Ave.
23C. DATE SIGNED: 6/5/53

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 6/6/53
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 6/5/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnson
26. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Warren — ADDRESS: Grimshaw Mortuary, 334 WEST [illegible], PHOENIX, ARIZONA — CERT. NO. 263
27. EMBALMER'S SIGNATURE: Robert E. Fitzgerald

FORM VS 2 REV. 1-1-53