ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5477

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 67

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. LENGTH OF STAY — IN THIS TOWN: 68 YRS; IN ARIZONA: 68 YRS
C. CITY OR TOWN: PIMA — [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): —

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ
B. COUNTY: GRAHAM
C. CITY OR TOWN: PIMA — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): —

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ALMERA B. (MIDDLE) WILSON C. (LAST) HUBBARD
4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE: ELISHA F. HUBBARD
7. DATE OF BIRTH — MONTH: MAR DAY: 28 YEAR: 1858
8. AGE (IN YEARS LAST BIRTHDAY): 95-5-28 — 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: H. W.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): IOWA
11. CITIZEN OF WHAT COUNTRY?: U.S.
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.: NO
14A. FATHER'S NAME: WELLINGTON PAUL WILSON
14B. BIRTHPLACE (STATE OR COUNTRY): VERMONT.
15A. MOTHER'S MAIDEN NAME: REBECCA MC BRIDE
15B. BIRTHPLACE (STATE OR COUNTRY): OHIO.
16. INFORMANT'S SIGNATURE: Minnie Dixon — ADDRESS: PIMA
17. DATE OF DEATH (MONTH) SEPT (DAY) 26 (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) Myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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

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

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
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 7/20 1953, TO 9/26 1953. THAT I LAST SAW THE DECEASED ALIVE ON 9/20/53, 19____, AND THAT DEATH OCCURRED AT 4:10 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [illegible] MD (DEGREE OR TITLE)
23B. ADDRESS: [illegible]
23C. DATE SIGNED: 9/27/53

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 9/28/53
24C. NAME OF CEMETERY OR CREMATORY: PIMA CEMETERY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PIMA, ARIZONA.
25A. DATE REC'D BY LOCAL REG.: Sept 28, 1953
25B. REGISTRAR'S SIGNATURE: [illegible] M.D. Deputy [illegible]
26. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS
27. EMBALMER'S SIGNATURE — CERT. NO. 251A.

FORM VS 2 REV. 1-1-53