ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5677

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2078

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 2 yrs. IN ARIZONA: 2 yrs.
C. CITY OR TOWN: Phoenix — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4712 So. 15th. Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4712 So. 15th. St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): PAULINE B. (MIDDLE): C. (LAST): FARMER
4. SEX: FE
5. COLOR OR RACE: W
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
7. DATE OF BIRTH — MONTH: FEB. DAY: 10 YEAR: 1925
8. AGE (IN YEARS LAST BIRTHDAY): 28 — IF UNDER 1 YEAR: MONTHS: 0 DAYS: 0 — IF UNDER 24 HRS.: HOURS: 0 MIN.: 0
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): housewife
9B. KIND OF BUSINESS OR INDUSTRY: home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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.: yes
14A. FATHER'S NAME: Robert A. Johnson
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Ruth Jones
15B. BIRTHPLACE (STATE OR COUNTRY): Okla.
16. INFORMANT'S SIGNATURE: Harry Farmer ADDRESS: Phoenix, Arizona
17. DATE OF DEATH: September 30th, 1953 (MONTH) (DAY) (YEAR)

CAUSE OF DEATH (ITEM 18)

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) Acute Myelogenous Leucemia. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-20, 1953 TO 9-30, 1953. THAT I LAST SAW THE DECEASED ALIVE ON 9-30, 1953 AND THAT DEATH OCCURRED AT 1:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Frank A. Cozzi, MD (DEGREE OR TITLE)
23B. ADDRESS: 6410 S. Central
23C. DATE SIGNED: 10-1-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: October 3, 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG.: 9-30-53
25B. REGISTRAR'S SIGNATURE: Clara Sorrell - Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: Don Ward ADDRESS: Phoenix
27. EMBALMER'S SIGNATURE: Walter E. Deaom CERT. NO.: # 349

FORM VS 2 REV. 4-15-52