ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 53-84 2/5

CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE (14, 32, 0206)

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY IN THIS TOWN: 6 Mos | IN ARIZONA: 1 Yr
C. CITY OR TOWN: Prescott — [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): Yavapai County Hosp.

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

DECEDENT PERSONAL DATA (2, 4, 142, 6, 953)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Grace B. (MIDDLE) NMI C. (LAST) Yarnell
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
7. DATE OF BIRTH: MONTH Oct. DAY 9 YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 42 — 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): Waitress
9B. KIND OF BUSINESS OR INDUSTRY: Cafe
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Idaho
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.: Unknown
14A. FATHER'S NAME: Pete Lund
14B. BIRTHPLACE (STATE OR COUNTRY): Denmark
15A. MOTHER'S MAIDEN NAME: Ellen Simonson
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: Yavapai County Hosp Rcds. ADDRESS:
17. DATE OF DEATH: (MONTH) Sept. (DAY) 14 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) (0, 0)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 3810
*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) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: About 1 yr

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 (2)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE (1, 1)

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 (1)

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 11, 1953 TO Sept. 14, 1953 THAT I LAST SAW THE DECEASED ALIVE ON Sept. 14, 1953 AND THAT DEATH OCCURRED AT 7:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature] (DEGREE OR TITLE): Md.
23B. ADDRESS: Prescott, Arizona
23C. DATE SIGNED: SEP 17 1953

FUNERAL DIRECTOR AND REGISTRAR (41, 2, 101)

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 10/1/53
24C. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
25A. DATE REC'D BY LOCAL REG.: 9/18/53
25B. REGISTRAR'S SIGNATURE: Dixie Trabue Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Hampton ADDRESS: Prescott, Ariz.
27. EMBALMER'S SIGNATURE: Henry C. Hampton CERT. NO.: 308

FORM VS 2 REV. 4-15-52