ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6676

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 78.

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: 70
C. CITY OR TOWN: Thatcher — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford, Inc Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz
B. COUNTY: Graham
C. CITY OR TOWN: Thatcher — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 625 - Central Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ELIZABETH B. (MIDDLE) C. (LAST) YOUNG

4. SEX: F.W.
5. COLOR OR RACE: W.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: April DAY: 12 YEAR: 1883
8. AGE (IN YEARS LAST BIRTHDAY): 70 + mo
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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: Wm. Wallace Dawson
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Hester Elizabeth Ray
15B. BIRTHPLACE (STATE OR COUNTRY): Miss.
16. INFORMANT'S SIGNATURE: George A. Dawson — ADDRESS: Thatcher Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Nov. 8 - 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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES — MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Shock - Multiple Fractures
DUE TO (C) Pelvis

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 ☒

21A. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (SPECIFY): Car Accident
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Street Traffic Highway #70
21C. (CITY OR TOWN) (COUNTY) (STATE): Thatcher Graham Arizona
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 11 - 7 - 53 6 pm
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Crossing street at dusk from blind car

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-7-53, 19__, TO 11-8-53, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 11-8-53, 19__, AND THAT DEATH OCCURRED AT 9 a.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): John W. Larson MD
23B. ADDRESS: 803 7th St, Safford Ariz
23C. DATE SIGNED: 11-10-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Nov-9-53
24C. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Thatcher

25A. DATE REC'D BY LOCAL REG.: November 10-1953.
25B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy C.H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: N. C. Rawson — ADDRESS: Safford
27. EMBALMER'S SIGNATURE: N. C. Rawson — CERT. NO.: 116

FORM VS 2 REV. 1-1-53