ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7359

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 204

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 1 mo; IN ARIZONA: 67 yrs.
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Warren — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 211 Mill Road

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): NANCY
B. (MIDDLE): JANE
C. (LAST): WARREN

4. SEX: female

5. COLOR OR RACE: white

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed

7. DATE OF BIRTH — MONTH: Apr. DAY: 8 YEAR: 1886

8. AGE (IN YEARS LAST BIRTHDAY): 87 — 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): no — (IF YES, WAR OR DATES OF SERVICE): - - - - -

13. SOCIAL SECURITY NO.: none

14A. FATHER'S NAME: Alonzo Packer

14B. BIRTHPLACE (STATE OR COUNTRY): Illinois

15A. MOTHER'S MAIDEN NAME: Annie Parker

15B. BIRTHPLACE (STATE OR COUNTRY): Canada

16. INFORMANT'S SIGNATURE: Vessa Merrill — ADDRESS: Box 2251 Warren, Ariz.

17. DATE OF DEATH — (MONTH): December (DAY): 20 (YEAR): 1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 33/X
*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) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH

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

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 17, 1953 TO DEC 20, 1953, THAT I LAST SAW THE DECEASED ALIVE ON DEC 19, 1953, AND THAT DEATH OCCURRED AT 6 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: E.W. Adamson — (DEGREE OR TITLE): M.D.

23B. ADDRESS: Douglas, Arizona

23C. DATE SIGNED: 12/22/53

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: 12-20-53

24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona

25A. DATE REC'D BY LOCAL REG.: 12/22/53

25B. REGISTRAR'S SIGNATURE: E.W. Adamson

26. FUNERAL DIRECTOR'S SIGNATURE: Hubbard Mortuary — ADDRESS: Bisbee, Ariz.

27. EMBALMER'S SIGNATURE: J. L. Gill — CERT. NO. 358-A

FORM VS 2 REV. 4-15-52