

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

5 05 AGE OF DEATH 3 AND 33 USUAL RESIDENCE 0407	1. PLACE OF DEATH A. COUNTY Graham		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA --- --		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Graham		
	C. CITY OR TOWN Safford		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Safford 1620 2nd Ave <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Safford Inn Hospital Inc				D. STREET ADDRESS 625--Central-Ave		
DECEASED PERSONAL DATA 401 154	3. NAME OF DECEASED (TYPE OR PRINT) Vicky Danieele Boggs			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED. WIDOWED, DIVORCED (SPECIFY) -----	
	6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH DAY YEAR Jan-5- 1954	8. AGE (IN YEARS LAST BIRTHDAY) -----	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) -----
	9B. KIND OF BUSINESS OR INDUSTRY None	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Safford, Arizona	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 Wayne Boggs		14B. BIRTHPLACE (STATE OR COUNTRY) Safford, Ariz	15A. MOTHER'S MAIDEN NAME Karen Poulsen		15B. BIRTHPLACE (STATE OR COUNTRY) Casper Wyo	
16. INFORMANT'S SIGNATURE WAYNE BOGGS			ADDRESS Safford, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 5, 1954		

CAUSE OF DEATH ITEM 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7615 <small>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.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) Prematurely (24 WKS)	
		11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
		DUE TO (B) <i>Worms in Sac Registered</i>		
		DUE TO (C) <i>Worms went into Premature labor</i>		

OPERATIONS, AUTOPSY 2	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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)	
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan-5- 1954, TO Jan-5, 1954 THAT I LAST SAW THE DECEASED ALIVE ON January 5, 1954, AND THAT DEATH OCCURRED AT 6:58 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE <i>[Signature]</i>	(DEGREE OR TITLE) M. D.	23B. ADDRESS 513 5th Ave Safford, Ariz	23C. DATE SIGNED Jan-6-54

FUNERAL DIRECTOR AND REGISTRAR 25	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE January 5,	24C. NAME OF CEMETERY OR CREMATORY Safford Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona
	25A. DATE REC'D BY LOCAL REG. January 6, 1954	25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR'S SIGNATURE W. C. Rawson ADDRESS Safford, Arizona
			27. EMBALMER'S SIGNATURE W. C. Rawson ADDRESS Safford, Arizona	