

CERTIFICATE OF DEATH

REGISTRAR'S NO.

20

PLACE OF DEATH 33 AND 33 USUAL RESIDENCE 0407	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		B. LENGTH OF STAY IN THIS TOWN <u>5 yrs</u> IN ARIZONA <u>72 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Ariz</u>		B. COUNTY <u>Graham</u>
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Safford Inn Hosp</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>625 Central Ave</u>		
	3. NAME OF DECEASED A. (FIRST) <u>NAOMI</u> B. (MIDDLE) <u>JENNETT</u> C. (LAST) <u>EL LARSON</u>			4. SEX <u>F.M.</u>	5. COLOR OR RACE <u>W.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
DECEDENT PERSONAL DATA 175 4 254	6B. NAME OF SPOUSE <u>Maurine Larson</u>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>14</u> YEAR <u>1898</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>75</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Home</u>		
	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>No</u>		
	14A. FATHER'S NAME <u>Joseph Greenhalgh</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	15A. MOTHER'S MAIDEN NAME <u>Lurida Mc Bride</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		
	18. INFORMANT'S SIGNATURE <u>Telford Larson</u>			ADDRESS <u>Safford</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Feb. 2 - 1954</u>	

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <u>HEMIPL</u> ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 W.S.</u>
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>Acute Broncho Pneumonia</u>	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		
	11. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>2/2</u> 19 <u>54</u> , TO <u>2/2</u> 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>2/2</u> 19 <u>54</u> AND THAT DEATH OCCURRED AT <u>1230 PM</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE <u>H. E. Rawson</u>	(DEGREE OR TITLE)	23B. ADDRESS <u>Safford Ariz</u>	23C. DATE SIGNED <u>2/8/54</u>

FUNERAL DIRECTOR AND REGISTRAR 172	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Feb 5 - 54</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Safford, Arizona</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford Arizona</u>
	25A. DATE REC'D BY LOCAL REG. <u>2/19/54</u>	25B. REGISTRAR'S SIGNATURE <u>J. N. Stuelton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Rawson</u>
			27. EMBALMER'S SIGNATURE <u>H. E. Rawson</u>	CERT. NO. <u>116a</u>