

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 9 days 35 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		
	C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Elfrida		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Cochise Co. Hosp.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Burnett Ranch				
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Ethel Burnett			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE R. F. Burnett		7. DATE OF BIRTH MONTH DAY YEAR July 20 1895	8. AGE (IN YEARS LAST BIRTHDAY) 58	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) Colorado	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) No		13. SOCIAL SECURITY NO. None
	14A. FATHER'S NAME Thomas Barrowdale		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Cora Spickelmire		15B. BIRTHPLACE (STATE OR COUNTRY) Ind.
16. INFORMANT'S SIGNATURE Cochise Co. Hosp. Douglas, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 20, 21 1954			

CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 111X 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				INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH Carcinoma of Cervix with metastasis to liver & lungs		DUE TO (B) 				
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) 				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DEATH DATE TO FORMALITY	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 M			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 Mar 12, 1954 TO Mar 21, 1954 THAT I LAST SAW THE DECEASED ALIVE ON Mar 21, 1954 AND THAT DEATH OCCURRED AT 6:30A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) D. Montgomery M.D.			23B. ADDRESS Douglas		23C. DATE SIGNED 3/4/54

GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 3-23-54	24C. NAME OF CEMETERY OR CREMATORY Pearce		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pearce, Arizona
	25A. DATE REC'D BY LOCAL REG. Mar. 24/54		25B. REGISTRAR'S SIGNATURE C. E. Adamson		26. FUNERAL DIRECTOR'S SIGNATURE Murtis Page Douglas, Arizona	
				27. EMBALMER'S SIGNATURE Murtis Page		CERT. NO. 321