ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1469

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 32

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 59 yrs; IN ARIZONA: 59 yrs
C. CITY OR TOWN: Safford — ☑ 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 Gen Hosp

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☑ 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) MARGARET B. (MIDDLE) C. (LAST) TALLEY

4. SEX: F.M.
5. COLOR OR RACE: W.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Chas. E. Talley
7. DATE OF BIRTH — MONTH: Nov DAY: 6 YEAR: 1854
8. AGE (IN YEARS LAST BIRTHDAY): 99
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): Home Work
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz.
11. CITIZEN OF WHAT COUNTRY?: U.
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.: No
14A. FATHER'S NAME: E. S. Carpenter
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Julia Ann Arden
15B. BIRTHPLACE (STATE OR COUNTRY): N.Y.
16. INFORMANT'S SIGNATURE: Mrs. Lucile Baker — ADDRESS: Safford Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): March 22 - 54

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 572X
‡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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES — MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chronic glomerulonephritis — many years
DUE TO (C) Essential hypertension

11. 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 6/4, 1952 TO 3/[illegible], 1954 THAT I LAST SAW THE DECEASED ALIVE ON 3/22, 1954 AND THAT DEATH OCCURRED AT 8:10 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: John W. Moon M.D. (DEGREE OR TITLE)
23B. ADDRESS: Safford Ariz.
23C. DATE SIGNED: 3/23/54

24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: Mar 25-54
24C. NAME OF CEMETERY OR CREMATORY: Graham
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Ariz.

25A. DATE REC'D BY LOCAL REG.: March 23/54
25B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy C. H. Mays
26. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson — ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. C. Rawson — CERT. NO.: 1166

FORM VS 2 REV. 11-53