

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4991

CERTIFICATE OF DEATH

REGISTRAR'S NO. 78

OF DEATH AND RESIDENCE 1402	1. PLACE OF DEATH A. COUNTY Coconino		B. LENGTH OF STAY IN THIS TOWN 3 YRS IN ARIZONA 2-5 YRS		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Coconino				
	C. CITY OR TOWN Williams		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Williams		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Williams Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 102 West Sherman				
CEDENT PERSONAL DATA 192 9 754	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Susan		B. (MIDDLE)		C. (LAST) Ainsworth		4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
	6B. NAME OF SPOUSE Harry Ainsworth Deceased		7. DATE OF BIRTH MONTH 4 DAY 12 YEAR 1862		8. AGE (IN YEARS LAST BIRTHDAY) 92		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) Ireland		11. CITIZEN OF WHAT COUNTRY? USA		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 John Hill			14B. BIRTHPLACE (STATE OR COUNTRY) England		15A. MOTHER'S MAIDEN NAME Fannie McClellan			15B. BIRTHPLACE (STATE OR COUNTRY) Scotland
CAUSE OF DEATH ITEM 18)	16. INFORMANT'S SIGNATURE Helen Kennedy				ADDRESS Williams Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) 7 9 1954		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1-34-3 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 CONTACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Acute Cardiac Decompensation ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Gastric Hemorrhage, Old DUE TO (C) Senility 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 1 Day 1 Week 20 Years		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DEATH DUE TO INTERNAL 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 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 7-2 19 54, TO 7-9-54, 19 THAT I LAST SAW THE DECEASED ALIVE ON 7-9-54, 19 AND THAT DEATH OCCURRED AT 1:55 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	23A. SIGNATURE Mary C. Stone				23B. ADDRESS Williams, Arizona		23C. DATE SIGNED 7-13-54		
FUNERAL DIRECTOR AND REGISTRAR 125	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 7-10-54		24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix.		
	25A. DATE REC'D BY LOCAL REG. 7-15-54		25B. REGISTRAR'S SIGNATURE Hubey O. Johnson			26. FUNERAL DIRECTOR'S SIGNATURE J. Hall Giths 16A		ADDRESS	
					27. EMBALMER'S SIGNATURE J. Hall Giths 176A		CERT. NO.		