

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

6157

BIRTH NO. 2 02		1. PLACE OF DEATH A. COUNTY Cochise				B. LENGTH OF STAY IN THIS TOWN 8 yrs IN ARIZONA 8 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona				REGISTRAR'S NO.	
PLACE OF DEATH 46 AND 46 USUAL RESIDENCE X-		C. CITY OR TOWN Willcox				<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Willcox				<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
		D. FULL NAME OF HOSPITAL OR INSTITUTION residence				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)							
		3. NAME OF DECEASED A. (FIRST) Myrtle B. (MIDDLE) Martha C. (LAST) Young			4. SEX Female		5. COLOR OR RACE White						
DECEDENT PERSONAL DATA 164 4 X 54		6. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH. DAY YEAR Feb. 24, 1890		8. AGE (IN YEARS LAST BIRTHDAY) 64		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ---		13. SOCIAL SECURITY NO. None	
		9B. KIND OF BUSINESS OR INDUSTRY Housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ark.		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ---		13. SOCIAL SECURITY NO. None			
		14A. FATHER'S NAME William Allen		14B. BIRTHPLACE (STATE OR COUNTRY) Alabama		15A. MOTHER'S MAIDEN NAME Martha Carpenter		15B. BIRTHPLACE (STATE OR COUNTRY) Mississippi					
		16. INFORMANT'S SIGNATURE Evelyn McHugh				ADDRESS Okla. City, Okla.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 10, 1954					
CAUSE OF DEATH (ITEM 18)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. 170 X *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) Carcinoma Liver ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Cancer of Breast DUE TO (C) 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 yr. 7 yr.			
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 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 10-25 52 TO 11-12 54 ALIVE ON 11-12-54, 1954 AND THAT DEATH OCCURRED AT 8:45 P M 1954 THAT I LAST SAW THE DECEASED											
		23A. SIGNATURE [Signature]				23B. ADDRESS 124 West Maley St Willcox A		23C. DATE SIGNED Nov. 29, 54					
FUNERAL DIRECTOR AND REGISTRAR		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE November 13, 1954		24C. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Willcox, Arizona					
		25A. DATE REC'D BY LOCAL REG. 11-11-54		25B. REGISTRAR'S SIGNATURE Mrs. John C. Wilson Deputy		26. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27. EMBALMER'S SIGNATURE [Signature] ADDRESS CERT. NO. #338					