

Dr. Collopy

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICSCERTIFICATE OF AUTOPSY OR INQUEST
(TO SUPPLEMENT DEATH CERTIFICATE)

STATE FILE NO.

REGISTRAR'S NO.

IDENTIFYING INFORMATION	1. NAME OF DECEASED Sandra Kay Bolen		2. DATE OF DEATH Oct. 8, 1954	
	3. PLACE OF DEATH Bandy Heights (Apache Trail)			
AUTOPSY OR INQUEST	4. An <u>Autopsy</u> having been completed after the filing of the death certificate of the above-named, I hereby supplement or amend the information appearing on the original death certificate. (AUTOPSY/INQUEST)			
CAUSE OF DEATH	5. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>500X</u> †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) <u>Acute bronchitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____	
DEATH DUE TO EXTERNAL VIOLENCE	6A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		6B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	6C. (CITY OR TOWN) (COUNTY) (STATE)
	6D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	6E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	6F. HOW DID INJURY OCCUR?	
COMMENTS				
CERTIFICATION	7A. SIGNATURE (DEGREE OR TITLE) <u>Dr. Collopy MD.</u>		7B. ADDRESS Miami, Arizona.	7C. DATE SIGNED 10-27-54