ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5966

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 17-58

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 46 yrs; IN ARIZONA 46 yrs
C. CITY OR TOWN: Gila Bend — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): At Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Gila Bend — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 207

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARTHA B. (MIDDLE) VIRGINIA C. (LAST) GILLS

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: June 29 1878
8. AGE (IN YEARS LAST BIRTHDAY): 80
IF UNDER 1 YEAR: MONTHS 1 DAYS 7
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: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tennessee
11. CITIZEN OF WHAT COUNTRY?: U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Harvey Brisby
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Mary Cisco
15B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
16. INFORMANT'S SIGNATURE: Onita Laird — ADDRESS: Box 207 Gila Bend, Ariz.
17. DATE OF DEATH (MONTH) August (DAY) 6 (YEAR) 1958

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Lobar Pneumonia — 48 hours
DUE TO (C)

II. 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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 1st, 1958 TO August 6, 1958, THAT I LAST SAW THE DECEASED ALIVE ON August 6, 1958, AND THAT DEATH OCCURRED AT 9.15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Vogel J. Jeffery M.D.
22B. ADDRESS: Gila Bend, Arizona
22C. DATE SIGNED: 8/8/58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY): natural causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): XXXXX
23C. (CITY OR TOWN) (COUNTY) (STATE): XXXXXXX
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): XXXX M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?: XXXXXXXXX

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: XXXXX
24B. ADDRESS: XXXXXXX
24C. DATE SIGNED: XXXX

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 8/8/58
25C. NAME OF CEMETERY OR CREMATORY: Stout's Cemetary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Gila Bend, Ariz.
26A. DATE REC. BY LOCAL REG.: 8/11/58
26B. REGISTRAR'S SIGNATURE: Mary E. Jeffery
27A. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Lindley
27B. ADDRESS: Buckeye, Ariz.

FORM VS-2 REV. 8-1-58 AMPCO 24595