

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **5270**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **1990**

2 17
7 09
DEATH
39
RESIDENCE
5

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Phoenix, rural		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Phoenix	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 42yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1230 N. 15th Ave.	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County Hospital			

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951

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) DELLA B. (MIDDLE) Cranford C. (LAST) NEWCOMB			4. SEX Female	5. COLOR OR RACE White
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		7. DATE OF BIRTH MONTH Feb DAY 19 YEAR 1875		8. AGE YEARS 76 MONTHS 6 DAYS 19
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) No		13. SOCIAL SECURITY NO. None
9B. KIND OF BUSINESS OR INDUSTRY Own home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	11. CITIZEN OF WHAT COUNTRY? USA	15A. MOTHER'S MAIDEN NAME Martha Spiva	
14A. FATHER'S NAME Wesley Cranford		14B. BIRTHPLACE (STATE OR COUNTRY) Alabama	15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	
16. INFORMANT'S SIGNATURE Mrs. Olive Kauch			17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 8 1951	

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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 CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronal Thrombosis Antecedent Causes MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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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		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

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22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Sept. 8**, 19 **51** TO **Sept. 8**, 19 **51**. THAT I LAST SAW THE DECEASED ALIVE ON **Sept. 8**, 19 **51** AND THAT DEATH OCCURRED AT **5:07 P.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Charles E. Henderson M.D.	23B. ADDRESS Co. Hospital, Phoenix, Ariz.	23C. DATE SIGNED 10 Sept 51
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Sept 12, 1951	24C. NAME OF CEMETERY OR CREMATORY Greenwood	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG. 9/12/51	25B. REGISTRAR'S SIGNATURE Beulah Johnston	26. FUNERAL DIRECTOR'S SIGNATURE John T. Young	
		27. EMBALMER'S SIGNATURE John T. Young	CERT. NO. 300