

**STATE OF ARIZONA**  
**Certified Copy of Vital Record**

MD  
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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

**3671**

8 BIRTH NO.

**CERTIFICATE OF DEATH**

REGISTRAR'S NO.

**680**

1. PLACE OF DEATH A. COUNTY <b>Pima</b>		B. LENGTH OF STAY IN THIS TOWN <b>28 Yrs</b> IN ARIZONA <b>66 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
C. CITY OR TOWN <b>Tucson</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>Arizona</b>		B. COUNTY <b>Pima</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 2 Box 690 Tanque Verde Rd.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Rt. 2 Box 690 Tanque Verde Rd.</b>			
3. NAME OF DECEASED (TYPE OR PRINT) <b>Maggie Bradford Smith</b>			4. SEX <b>F</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		
6B. NAME OF SPOUSE <b>Daniel Dupree Smith</b>		7. DATE OF BIRTH MONTH <b>10</b> DAY <b>6</b> YEAR <b>1852</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>101</b>	IF UNDER 1 YEAR MONTHS <b>-</b> DAYS <b>-</b>	IF UNDER 24 HRS. HOUR <b>-</b> MIN. <b>-</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Housewife</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mississippi</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>- -</b>		
14A. FATHER'S NAME <b>John Bradford</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		15A. MOTHER'S MAIDEN NAME <b>Burissa Jane Elder</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	
16. INFORMANT'S SIGNATURE <i>Howard D. Smith</i>				ADDRESS <b>Rt. 2 Box 690</b>			
17. DATE OF DEATH (MONTH) <b>June</b> (DAY) <b>7</b> (YEAR) <b>1954</b>							
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Failing heart</i> DUE TO (B) <i>Myocardiosis</i> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <i>About 6 mo</i>  <i>2 yrs</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>6-9-1954</b> TO <b>6-7-1954</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>1-31-1954</b> AND THAT DEATH OCCURRED AT <b>8:15 A.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>Marion S. Williams</i>				22B. ADDRESS <b>M.D. 704 No. Country Club</b>		22C. DATE SIGNED <b>6/14/54</b>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>6/12/1954</b>		25C. NAME OF CEMETERY OR CREMATORY <b>South Lawn Memorial Park</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona</b>	
26A. DATE REC. BY LOCAL REC. <b>6-12-54</b>		26B. REGISTRAR'S SIGNATURE <i>Howard A. Coker</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Howard A. Bring</i>		27B. ADDRESS <b>Bring's Funeral Home Tucson, Arizona</b>	

STATE OF ARIZONA  
COUNTY OF MARICOPA

DATE ISSUED **MAY 29 1954**

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BOYD DOVER, Acting Director  
Arizona Department of Health Services  
State Registrar

*Alfonso Bravo*  
ALFONSO BRAVO  
Assistant State Registrar

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