ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1491

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 24

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Pima
C. LENGTH OF STAY IN THIS PLACE: 66 yrs; IN ARIZONA: 66 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): West edge of Pima

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Pima
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): West edge of Pima

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Coleman B. (MIDDLE) Bryant C. (LAST) Boren

4. SEX: M
5. COLOR OR RACE: W
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Sept. DAY 17 YEAR 1876
8. AGE: YEARS 75 MONTHS 5 DAYS 20
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Agriculture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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)
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: Coleman B. Boren
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: Nancy Jane Riggs
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: x Palma Coons ADDRESS: Glenbar, Ariz.
17. DATE OF DEATH: (MONTH) March (DAY) 7 (YEAR) 1952

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 CONDITIONS DIRECTLY LEADING TO DEATH+ (a) suffocation — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) spasm of respiratory muscles
DUE TO (c) peripheral circulatory failure

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. hard arteriosclerosis

OPERATIONS, AUTOPSY
19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 05, 1951 TO March 7, 1952 THAT I LAST SAW THE DECEASED ALIVE ON March 1, 1952, AND THAT DEATH OCCURRED AT 1:30 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: William C. Person (DEGREE OR TITLE) D.O.
23B. ADDRESS: Pima, Arizona
23C. DATE SIGNED: 3-14-52

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: 3-9-52
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Arizona
25A. DATE REC'D BY LOCAL REG.: March 21/52
25B. REGISTRAR'S SIGNATURE: J. M. Shelton
26. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
ADDRESS: Safford, Ariz.
27. EMBALMER'S SIGNATURE: W. H. Caldwell
LIC. NO.

FORM VS 2 REV. 3-50 15M