ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2139

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 22

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): McNeal
C. LENGTH OF STAY IN THIS PLACE: 53 IN ARIZONA: 53
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Copper Queen Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): McNeal
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Frontier Road P.O. McNeal, Ariz.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) EDWARD B. (MIDDLE) RAYMOND C. (LAST) SANDERS
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH March DAY 6 YEAR 1898
8. AGE: YEARS 54 MONTHS 0 DAYS 28
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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. 527-20-6389
14A. FATHER'S NAME: John William
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Effie L. Davison
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Homer S Nelson ADDRESS: McNeal, Arizona
17. DATE OF DEATH (MONTH) April (DAY) 4, (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 481X
+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) Pleurisy c Effusion — INTERVAL BETWEEN ONSET AND DEATH: 1952 9da
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Emphysema — 1952 10dy
DUE TO (c) Hepatitis — Unknown
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. (b) Syphilis

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 15 Mar. 1952 TO 4 Apr. 1952 THAT I LAST SAW THE DECEASED ALIVE ON 3 Apr. 1952 AND THAT DEATH OCCURRED AT 12:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: E B Kelly (DEGREE OR TITLE) M.D.
23B. ADDRESS: Bisbee
23C. DATE SIGNED: 5 Apr. 1952

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 4/6/52
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Bisbee, Ariz.
25A. DATE REC'D BY LOCAL REG.: 4-7-52
25B. REGISTRAR'S SIGNATURE: Margaret J Moriarty
26. FUNERAL DIRECTOR'S SIGNATURE: Hugh Duggan ADDRESS: Box 82 Bisbee, Ariz.
27. EMBALMER'S SIGNATURE: Hugh Duggan CERT. NO. 241

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