ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2699

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Apache
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: St. Johns
C. LENGTH OF STAY IN THIS PLACE: 43 Yrs; IN ARIZONA: 43 Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): No name or number

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Apache
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: St. Johns, Arizona
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No name or number

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Brigham B. (MIDDLE) Y. C. (LAST) Davis
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 5 DAY 5 YEAR 09
8. AGE: YEARS 43 MONTHS 0 DAYS 7
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Mechanic
9B. KIND OF BUSINESS OR INDUSTRY: Farm Machine
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
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.: 527-14-6040
14A. FATHER'S NAME: Alma Davis
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Hannah Peterson
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: ADDRESS St. Johns, Ariz.
17. DATE OF DEATH (MONTH) May (DAY) 12 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

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) Self inflicted gunshot wound — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Bad health - Wanderer
DUE TO (c)

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

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) Suicide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Donald Store
21C. (CITY OR TOWN) St. Johns (COUNTY) Apache (STATE) Ariz
21D. TIME OF INJURY (MONTH) May (DAY) 12 (YEAR) 52 (HOUR) 5 M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Self inflicted

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Edward L. Carter (DEGREE OR TITLE) Coroner
23B. ADDRESS: Box 561 St. Johns
23C. DATE SIGNED: May 12/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 5-14-52
24C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona
25A. DATE REC'D BY LOCAL REG.: May 19, 1952
25B. REGISTRAR'S SIGNATURE: Etta B. Heap
26. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Metz — ADDRESS: Springerville, Ariz.
27. EMBALMER'S SIGNATURE: Dan B. Metz — CERT. NO.: 266 A

FORM VS 2 REV. 3-50 15M