ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3066

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 26

08 08
CE OF DEATH 23 98
AND 232
AL RESIDENCE 5

1. PLACE OF DEATH
A. COUNTY: Mohave
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Kingman
C. LENGTH OF STAY IN THIS PLACE / IN ARIZONA: 12hrs / 30 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mohave General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Mohave
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Wickieup
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural or Big Sandy

ECEDENT
ERSONAL
DATA 1 4 1 91 7 552

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Alfred B. (MIDDLE): Boner C. (LAST):
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
7. DATE OF BIRTH MONTH: Oct. DAY: 16 YEAR: 1860
8. AGE YEARS: 91 MONTHS: 6 DAYS: 22
IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Ret. Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranching Cattle
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.
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. Unkn
14A. FATHER'S NAME: James Boner
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: not known
15B. BIRTHPLACE (STATE OR COUNTRY): not known
16. INFORMANT'S SIGNATURE: Orpita Ricada, Kingman Ariz ADDRESS
17. DATE OF DEATH (MONTH) May (DAY) 8 (YEAR) 1952

CAUSE
OF
DEATH
ITEM 18) 0 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 291X
*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) Bronchio-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Senility.

ERATIONS, 4
UTOPSY
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH
DUE TO 7
TERNAL
IOLENCE
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?

EDICAL
ORONER'S
TIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 5, 1952 TO May 8, 1952 THAT I LAST SAW THE DECEASED ALIVE ON May 8, 1952 AND THAT DEATH OCCURRED AT 3:00 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Carlton C. Carroll M.D.
23B. ADDRESS: Kingman
23C. DATE SIGNED: 5/11/52

UNERAL
IRECTOR 38
AND
GISTRAR 2
24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐
24B. DATE: May-13-52
24C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman, Ariz
25A. DATE REC'D BY LOCAL REG.: 5-13-52
25B. REGISTRAR'S SIGNATURE: Hazel M. Miller
26. FUNERAL DIRECTOR'S SIGNATURE: Lloyd H. Shukenbeard ADDRESS: Kingman
27. EMBALMER'S SIGNATURE: William H. Peck CERT. NO. 265A

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FORM VS 2 REV. 8-50 20M