ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 4535

BIRTH NO.

REGISTRAR'S NO. 48

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Claypool
C. LENGTH OF STAY IN THIS PLACE: 40 Yrs. IN ARIZONA: 67 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) No # Cottonwood St.

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Aaron B. (MIDDLE) Ralston C. (LAST) Edwards
4. SEX Male
5. COLOR OR RACE White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH MONTH Apr. DAY 1 YEAR 1872
8. AGE YEARS 80 MONTHS 4 DAYS 5
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Lawyer (Retired)
9B. KIND OF BUSINESS OR INDUSTRY Own Practice
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Calif.
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) No
13. SOCIAL SECURITY NO. 527-16-3965
14A. FATHER'S NAME E. J. Edwards
14B. BIRTHPLACE (STATE OR COUNTRY) Unknown
15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Charlotte Edwards ADDRESS Claypool, Ariz.
17. DATE OF DEATH (MONTH) Aug. (DAY) 6, (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) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) General Arterio-Sclerosis — 15 years
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 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 CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 1952 TO Aug. 6, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Aug. 5, 1952 AND THAT DEATH OCCURRED AT 7:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) T. C. Harper, M.D.
23B. ADDRESS Globe, Arizona
23C. DATE SIGNED 8-9-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE Aug. 8, '52
24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona
25A. DATE REC'D BY LOCAL REG. AUG 11 1952
25B. REGISTRAR'S SIGNATURE Arthur D. Bray
26. FUNERAL DIRECTOR'S SIGNATURE T. Mary Miles Jr. ADDRESS Miami, Ariz.
27. EMBALMER'S SIGNATURE T. Mary Miles Jr. CERT. NO. 244 A

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FORM VS 2 REV. 8-30 20M