ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5132

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 73

PLACE OF DEATH AND USUAL RESIDENCE

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 69 yrs IN ARIZONA 72 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) S.E. Corner school ground

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) S.E. Corner school ground

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) David C. (LAST) Saline
4. SEX M
5. COLOR OR RACE W
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH MONTH June DAY 22 YEAR 1865
8. AGE YEARS 87 MONTHS 4 DAYS 17
IF UNDER 24 HOURS HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Farmer
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 John Saline
14B. BIRTHPLACE (STATE OR COUNTRY) England
15A. MOTHER'S MAIDEN NAME Susannah R. Osborn
15B. BIRTHPLACE (STATE OR COUNTRY) England
16. INFORMANT'S SIGNATURE Hazel S. Tanner ADDRESS Thatcher Ariz.
17. DATE OF DEATH (MONTH) September (DAY) 9 (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) respiratory collapse — INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) malnutrition
DUE TO (c) couldn't get him to eat

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)
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 Dec 26, 1951 TO —, 19__, THAT I LAST SAW THE DECEASED ALIVE ON Dec 26, 1951, AND THAT DEATH OCCURRED AT 4 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) William C. Person, D.O.
23B. ADDRESS Pima, Arizona
23C. DATE SIGNED 9-12-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE 9-12-52
24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima, Arizona
25A. DATE REC'D BY LOCAL REG. Sept 17/52
25B. REGISTRAR'S SIGNATURE J. M. Shelton M.D.
26. FUNERAL DIRECTOR'S SIGNATURE W. H. Caldwell ADDRESS Safford
27. EMBALMER'S SIGNATURE W. H. Caldwell CERT. NO. 291

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