ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5610

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 7

02 02 PLACE OF DEATH 04 AND 04 0302 USUAL RESIDENCE 5

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Bisbee
C. LENGTH OF STAY IN THIS PLACE: 34 yrs IN ARIZONA: 34 yrs.
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 (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Bisbee,
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 805 Tombstone Canyon

DECEDENT PERSONAL DATA 2 1 14b 4 052

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RUTH B. (MIDDLE) G. C. (LAST) DOLAN
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Mar. DAY 14 YEAR 1906
8. AGE: YEARS 46 MONTHS 7 DAYS 11
IF UNDER 24 HOURS: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Office Work
9B. KIND OF BUSINESS OR INDUSTRY: Newspaper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
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. 526-05-3707
14A. FATHER'S NAME: Frank H. Gould
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Josephine Wymore
15B. BIRTHPLACE (STATE OR COUNTRY): Nebraska
16. INFORMANT'S SIGNATURE: Frank R. Dolan. ADDRESS
17. DATE OF DEATH (MONTH) October (DAY) 25, (YEAR) 1952

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 334 X
†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) B. Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 20 Oct. 1952

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hypertension — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Subarachnoid Hemorrhage — 10 Oct. 1952

OPERATIONS, AUTOPSY 2

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 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10 Oct. 1952 TO 25 Oct. 1952 THAT I LAST SAW THE DECEASED ALIVE ON 24 Oct. 1952 AND THAT DEATH OCCURRED AT 12:24 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Eva Jolly (DEGREE OR TITLE)
23B. ADDRESS: Bisbee, Arizona
23C. DATE SIGNED: 27 October 1952

FUNERAL DIRECTOR AND REGISTRAR 08 2

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Oct. 27, 1952
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
25A. DATE REC'D BY LOCAL REG.: 10-27-52
25B. REGISTRAR'S SIGNATURE: Margaret J. Malcolm
26. FUNERAL DIRECTOR'S SIGNATURE: John B. Bergan Cert 34 ADDRESS: Bisbee.
27. EMBALMER'S SIGNATURE: John B. Bergan. Bisbee. CERT. NO. 121

90 459

FORM VS 3 REV. 2000 (REVISION)