

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1-1

42

BIRTH NO.

02 OF DEATH AND 43 RESIDENCE 1408	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 1916 IN ARIZONA 1914		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Cochise		
	C. CITY OR TOWN Tombstone		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tombstone <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Tombstone Hospital					D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ray B. (MIDDLE) B. C. (LAST) Krebs	4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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6B. NAME OF SPOUSE Edna M. (Blake) Krebs	7. DATE OF BIRTH MONTH May DAY 26 YEAR 1882	8. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Real Estate
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9B. KIND OF BUSINESS OR INDUSTRY Real Estate	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penfield, Ohio	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 527-30-6714
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14A. FATHER'S NAME Russell B.	14B. BIRTHPLACE (STATE OR COUNTRY) Ohio	15A. MOTHER'S MAIDEN NAME Katherine Long	15B. BIRTHPLACE (STATE OR COUNTRY) Unk.
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16. INFORMANT'S SIGNATURE Mrs Roy Howard	ADDRESS Philadelphia, Pa.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 4 1955
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 351 (B) 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) Cerebral Hemorrhage DUE TO (B) Hypertension DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/4/1955 TO 1/4/1955, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT 9:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE E. W. Eberling M.D.	(DEGREE OR TITLE)	22B. ADDRESS Tombstone, Arizona	22C. DATE SIGNED 1/5/55
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 1/8/55	25C. NAME OF CEMETERY OR CREMATORY Tombstone Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tombstone, Arizona
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26A. DATE REC. BY LOCAL REG. 1-11-55	26B. REGISTRAR'S SIGNATURE Margaret Malone	27. FUNERAL DIRECTOR'S SIGNATURE James Allison	27B. ADDRESS Hubb Mortuary Bisbee, Arizona
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EDUCATIONAL DATA 172
7
155
CAUSE OF DEATH (EM 18)
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
GENERAL DIRECTOR AND REGISTRAR 140