

2798

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH
AND
USUAL RESIDENCE
0906

DECEDENT
PERSONAL
DATA
186
4
555

1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 4 days 65 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona COUNTY Cochise	
C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Bowie <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) Cochise County Hosp.					
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mollie B. (MIDDLE) Smith C. (LAST) Smith			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widow
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 7 DAY 10 YEAR 1869	B. AGE (IN YEARS LAST BIRTHDAY) 86	IF UNDER 1 YEAR MONTHS no	IF UNDER 24 HRS. HOURS MIN. no
9B. KIND OF BUSINESS OR INDUSTRY	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) (IF YES, WAR OR DATES OF SERVICE) no	
14A. FATHER'S NAME J. M. Biggs	14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Nan Mc Donald		13. SOCIAL SECURITY NO. none	
16. INFORMANT'S SIGNATURE Cochise Co. Hosp. Douglas, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) 5 16 1955		18B. BIRTHPLACE (STATE OR COUNTRY) Ill.

CAUSE OF DEATH
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) 133X <small>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 months
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Carcinoma of colon		
	11. 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 none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

MEDICAL JUR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/12 19 55 TO 5/16 19 55 . THAT I LAST SAW THE DECEASED ALIVE ON 5/16 19 55 , AND THAT DEATH OCCURRED AT 3:45P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE R. E. Montgomery MD		23B. ADDRESS Douglas	23C. DATE SIGNED 5/17/55

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 5-16-55	24C. NAME OF CEMETERY OR CREMATORY Illcox, Ariz.	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
25A. DATE REC'D BY LOCAL REG. May 17/55	25B. REGISTRAR'S SIGNATURE C. E. Adamson	26. FUNERAL DIRECTOR'S SIGNATURE Curtis P. Douglas, Ariz.	ADDRESS
		27. EMBALMER'S SIGNATURE Curtis P. Douglas	CERT. NO.