

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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| 1. PLACE OF DEATH A. COUNTY Cochise | B. LENGTH OF STAY IN THIS TOWN 7 yrs. IN ARIZONA 17 yrs. | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona COUNTY Cochise | |
| | C. CITY OR TOWN Douglas | | C. CITY OR TOWN Douglas | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION 2701 8th | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2701 8th | |
| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Roy B. (MIDDLE) P. C. (LAST) Davidson | | | 4. SEX Male | 5. COLOR OR RACE White |
| 6B. NAME OF SPOUSE | | 7. DATE OF BIRTH MONTH 7 DAY 8 YEAR 1890 | 8. AGE (IN YEARS LAST BIRTHDAY) 64 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Miner |
| 9B. KIND OF BUSINESS OR INDUSTRY Self | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska | 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) Yes World War I | 13. SOCIAL SECURITY NO. None |
| 14A. FATHER'S NAME Arthur Davidson | | 14B. BIRTHPLACE (STATE OR COUNTRY) Ind. | 15A. MOTHER'S MAIDEN NAME Ellen Barnell | |
| 16. INFORMANT'S SIGNATURE Warren Davidson | | ADDRESS Oklahoma City, Okla. | | 15B. BIRTHPLACE (STATE OR COUNTRY) Misc. |
| 17. DATE OF DEATH (MONTH) June (DAY) 5 (YEAR) 1955 | | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Coronary Thrombosis 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) not known. DUE TO (C) 3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH Sudden | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | |
| 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? | | |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/5 , 19 55 , TO 6/5 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON Did not , 19 55 , AND THAT DEATH OCCURRED AT 6:30 P. , M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | |
| 23A. SIGNATURE C. E. Montgomery MD | | 23B. ADDRESS Douglas | | 23C. DATE SIGNED 6/1/55 |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE 6-10-55 | 24C. NAME OF CEMETERY OR CREMATORY Wells | |
| 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz. | | 25A. DATE REC'D BY LOCAL REG. June 15/55 | | |
| 25B. REGISTRAR'S SIGNATURE E. Adamson | | 26. FUNERAL DIRECTOR'S SIGNATURE Curtis Page, Douglas, Ariz. | | |
| 27. EMBALMER'S SIGNATURE Curtis Page | | ADDRESS 321 CERT. NO. | | |

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PLACE OF DEATH AND USUAL RESIDENCE X

DECEASED PERSONAL DATA / 64
4
6/5

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL OR CORONER CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR