ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3415

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 89

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 20 yrs; IN ARIZONA 65 yrs
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1415 20th St

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Amos B. (MIDDLE): Alvin C. (LAST): Taylor

4. SEX: M
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH July DAY 17 YEAR 1879
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
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): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: W.H.Taylor
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Gill Fairchild
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Alvin Taylor ADDRESS: Douglas, Ariz.
17. DATE OF DEATH (MONTH) June (DAY) 11 (YEAR) 1955

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 11 months.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

11. 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 [ ] NO [X]

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 2, 1955 TO June 11, 1955 THAT I LAST SAW THE DECEASED ALIVE ON June 11, 1955 AND THAT DEATH OCCURRED AT 11:22 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: L.E. Montgomery (DEGREE OR TITLE) MD
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 6/15/55

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 6-14-55
24C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
25A. DATE REC'D BY LOCAL REG.: June 15/55
25B. REGISTRAR'S SIGNATURE: E.W. Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Boulon Brown ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Boulon Brown CERT. NO. 238

FORM VS 2 REV. 1-1-53