ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3418

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 80

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 55 yrs | IN ARIZONA 55 yrs
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 813 14th St

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Edward B. (MIDDLE) C. (LAST) Belcher
4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Aug DAY 13 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 73
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): Switchman
9B. KIND OF BUSINESS OR INDUSTRY: Railroad
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Penn.
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.: none
14A. FATHER'S NAME: Augustus Belcher
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Isabelle Gray
15B. BIRTHPLACE (STATE OR COUNTRY): Scotland
16. INFORMANT'S SIGNATURE: Hospital Records ADDRESS:
17. DATE OF DEATH (MONTH) May (DAY) 28 (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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Pneumonia, bronchial bilateral — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease — not known
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 ☐ NO ☒

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 May 24, 1955 TO May 28, 1955 THAT I LAST SAW THE DECEASED ALIVE ON May 28, 1955, AND THAT DEATH OCCURRED AT 9:30 P M FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: L. D. Montgomery MD (DEGREE OR TITLE)
23B. ADDRESS: Douglas
23C. DATE SIGNED: 5/31/55

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 5-31-55
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
25A. DATE REC'D BY LOCAL REG.: May 31/55
25B. REGISTRAR'S SIGNATURE: C. W. Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Joulon Brown ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Joulon Brown CERT. NO. 238

FORM VS 2 REV. 1-1-53