

CERTIFICATE OF DEATH

REGISTRAR'S NO. **4581**

1. PLACE OF DEATH
 A. COUNTY **Yavapai**
 B. LENGTH OF STAY IN THIS TOWN, IN ARIZONA **14 yr 1 mo**
 C. CITY OR TOWN **Cottonwood**
 D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **last house on 9th st.**

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
 A. STATE **Cottonwood**
 B. COUNTY **Yavapai**
 C. CITY OR TOWN **Cottonwood**
 D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **last house on 9th st.**

3. NAME OF DECEASED
 A. (FIRST) **JOHN FRANKLIN**
 B. (MIDDLE) **TEAGUE**
 C. (LAST) **TEAGUE**

4. SEX **MALE**
5. COLOR OR RACE **WHITE**

6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) **WIDOWED**
7. DATE OF BIRTH MONTH **3** DAY **13** YEAR **86**
8. AGE (IN YEARS LAST BIRTHDAY) **69**
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **Miner**

9B. KIND OF BUSINESS OR INDUSTRY **Coper mines**
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **New Mexico**
11. CITIZEN OF WHAT COUNTRY? **USA**
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. **Not known**

14A. FATHER'S NAME **John B. Teague**
14B. BIRTHPLACE (STATE OR COUNTRY) **Texas**
15A. MOTHER'S MAIDEN NAME **Not known**
15B. BIRTHPLACE (STATE OR COUNTRY) **Texas**

16. INFORMANT'S SIGNATURE *Wm. K. ...*
ADDRESS **Cottonwood**
17. DATE OF DEATH (MONTH) **7** (DAY) **7** (YEAR) **55**

18. CAUSE OF DEATH
 ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). **177 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
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) **METASTATIC CARCINOMA TO BRAIN**
ANTECEDENT CAUSES DUE TO (B) **CARCINOMA OF PROSTATE**
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH **3 YEARS**

19A. DATE OF OPERATION **None**
19B. MAJOR FINDINGS OF OPERATION **None**
20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) **None**
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) **None**
21C. (CITY OR TOWN) (COUNTY) (STATE) **None**

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) **None**
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR? **None**

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **4 July 1955** **TO** **7 July 1955** **THAT I LAST SAW THE DECEASED ALIVE ON** **6 July 1955** **AND THAT DEATH OCCURRED AT** **10:30 A. M.** **FROM THE CAUSES AND ON THE DATE STATED ABOVE.**

23A. SIGNATURE *Donald B. ...*
23B. ADDRESS **Cottonwood**
23C. DATE SIGNED

24A. BURIAL CREMATION REMOVAL
24B. DATE **7-14-55**
24C. NAME OF CEMETERY OR CREMATORY **Cottonwood, Cemetery**
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Cottonwood, Arizona**

25A. DATE REC'D BY LOCAL REG. **7-14-55**
25B. REGISTRAR'S SIGNATURE *Wilma Okler*
26. FUNERAL DIRECTOR'S SIGNATURE *[Signature]*
27. EMBALMER'S SIGNATURE *[Signature]*
ADDRESS **Cottonwood**
CERT. NO. **298-A**