Dr Keller.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6547

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 82.

05 05 E OF DEATH AND 33 L RESIDENCE 0407

1. PLACE OF DEATH
A. COUNTY Graham
B. LENGTH OF STAY: IN THIS TOWN 16. IN ARIZONA 39
C. CITY OR TOWN SAFFORD ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Safford Inn Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Ariz.
B. COUNTY Graham.
C. CITY OR TOWN SAFFORD ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1519 CENTRAL AVE

DECEDENT PERSONAL DATA 1 1 1 7 7

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) WILLIAM B. (MIDDLE) MONROE C. (LAST) Boggs.
4. SEX MALE
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
6B. NAME OF SPOUSE MARY ANN.
7. DATE OF BIRTH MONTH Sept DAY 12. YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY) 71 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) BLACKSMITH.
9B. KIND OF BUSINESS OR INDUSTRY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) DESARGARK
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)
13. SOCIAL SECURITY NO. 526-18 0602.
14A. FATHER'S NAME Henry Thomas. Boggs.
14B. BIRTHPLACE (STATE OR COUNTRY) GA
15A. MOTHER'S MAIDEN NAME Martha LEE
15B. BIRTHPLACE (STATE OR COUNTRY)
16. INFORMANT'S SIGNATURE Dawn D. Boggs. ADDRESS 1519 Central Ave
17. DATE OF DEATH (MONTH) 11 (DAY) 17 (YEAR) 55

X 55

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Asthma — INTERVAL BETWEEN ONSET AND DEATH 7 days.

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

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Gastro intestinal hemorrhage — 5 days

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 1 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov, 1955, TO Nov 17, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Nov 17, 1955, AND THAT DEATH OCCURRED AT 3:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE R. Keller (DEGREE OR TITLE) MD
22B. ADDRESS Safford Ariz
22C. DATE SIGNED 11-18-55

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION 1

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR 2 3 1 3

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 11/19/55
25C. NAME OF CEMETERY OR CREMATORY Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona
26A. DATE REC. BY LOCAL REG. Nov 18 55
26B. REGISTRAR'S SIGNATURE Henry C. Rawson
27A. FUNERAL DIRECTOR'S SIGNATURE Henry C. Rawson
27B. ADDRESS Safford Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385