ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0795

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 16

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN: 8 years IN ARIZONA: 8 years
C. CITY OR TOWN: Glendyke — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 miles west of P.O.

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Glendyke — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4 miles west of P.O.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Robert B. (MIDDLE) Glenny C. (LAST) Davidson

4. SEX: M — 5. COLOR OR RACE: W — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married

6B. NAME OF SPOUSE: Mae Dowdle — 7. DATE OF BIRTH: MONTH Jan DAY 8 YEAR 1886 — 8. AGE (IN YEARS LAST BIRTHDAY): 70 — 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): Master Plumber

9B. KIND OF BUSINESS OR INDUSTRY: Plumbing — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): KANSAS — 11. CITIZEN OF WHAT COUNTRY? U.S.A. — 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: Joseph Davidson — 14B. BIRTHPLACE (STATE OR COUNTRY): Ireland — 15A. MOTHER'S MAIDEN NAME: Susan Glenny — 15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: x Mrs Mae D. Davidson — ADDRESS: Glendyke Ariz — 17. DATE OF DEATH (MONTH) February (DAY) 17 (YEAR) 1956

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — 5 yrs
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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/17, 1956, TO 2/17, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 2/17, 1956, AND THAT DEATH OCCURRED AT 10 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): J. M. Stratton M.D. — 22B. ADDRESS: Safford Ariz — 22C. DATE SIGNED: 2-19-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☒ (SPECIFY): Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) — 23C. (CITY OR TOWN) (COUNTY) (STATE): Glendyke Graham Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M — 23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: James O. DuBois — 24B. ADDRESS: Bonita Ariz — 24C. DATE SIGNED: 2-18-56

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ — 25B. DATE: 2-19-56 — 25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Arizona
26A. DATE REC. BY LOCAL REG.: February 18/56 — 26B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy C.H.R. Graham — 27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell — 27B. ADDRESS: Safford

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