ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1482

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 55

**1. PLACE OF DEATH**
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 5 Wks; IN ARIZONA 53 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): Cochise County Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Bisbee, — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P.O. Box 473

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Margaret B. (MIDDLE) Rea C. (LAST) John

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Mark P. John
7. DATE OF BIRTH: MONTH April DAY 12 YEAR 1876
8. AGE (IN YEARS LAST BIRTHDAY): 80 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: at home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
11. CITIZEN OF WHAT COUNTRY?: USA
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: George Rea
14B. BIRTHPLACE (STATE OR COUNTRY): Negraska
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Germany
16. INFORMANT'S SIGNATURE: Mrs. Genevove Hawley (Dau) — ADDRESS: Bennett Fontana, Calif.
17. DATE OF DEATH: (MONTH) March (DAY) 10 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH

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

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 OCT 31, 1955 TO MAR 10, 1956 THAT I LAST SAW THE DECEASED ALIVE ON MAR 10, 1956 AND THAT DEATH OCCURRED AT 7:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: E.W. Adamson (DEGREE OR TITLE) MD
22B. ADDRESS: DOUGLAS, ARIZONA
22C. DATE SIGNED: MAR 12/56

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

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

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3/12/56
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 3/12/56
26B. REGISTRAR'S SIGNATURE: E.W. Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Parker
27B. ADDRESS: HUBBARD MORTU... 74 MAIN STREET BISBEE, ARIZ.

FORM VS-2 REV. 6-1-53 AMPCO 77595