ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4340

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 73

**1. PLACE OF DEATH**
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 76 yrs; IN ARIZONA: life
C. CITY OR TOWN: Tombstone — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tombstone General Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Tombstone — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Bruce and Sumner

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Mary B. (MIDDLE) Elizabeth C. (LAST) Lamb

4. SEX: F

5. COLOR OR RACE: Cauc

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed

7. DATE OF BIRTH: MONTH July DAY 24 YEAR 1873

8. AGE (IN YEARS LAST BIRTHDAY): 82 — 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): Arizona

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: William Four

14B. BIRTHPLACE (STATE OR COUNTRY): Missouri

15A. MOTHER'S MAIDEN NAME: Lucinda Nunn

15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas

16. INFORMANT'S SIGNATURE: Arthur W. Lamb (Son) ADDRESS: Box 312 Tombstone

17. DATE OF DEATH (MONTH) July (DAY) 22 (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**

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Adams Stokes Syndrome — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) complete heart block — 10 mo.
DUE TO (C) arteriosclerotic heart disease — 20 yr.

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. diabetes Mellitus — 40 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): natural causes

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 6/30/56, 19__, TO 7/22/56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 7/22, 19 56, AND THAT DEATH OCCURRED AT 11:03 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Charles Keaven M.D.

23B. ADDRESS: Tombstone, Arizona

23C. DATE SIGNED: 7-22-56

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]

24B. DATE: July 25, 1956

24C. NAME OF CEMETERY OR CREMATORY: Tombstone Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tombstone, Arizona

25A. DATE REC'D BY LOCAL REG.: 7-23-56

25B. REGISTRAR'S SIGNATURE: Margaret J. McCarty

26. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Parker

27. EMBALMER'S SIGNATURE: Fred E. Parker

ADDRESS: HUBBARD MORTUARY, 74 MAIN STREET NO., BISBEE, ARIZ.

FORM VS 2 REV. 4-15-52

07 — E OF DEATH 3 AND 43 L RESIDENCE 01/08 — 1 2 3 ECEDENT ERSONAL DATA 182 0 756 — 4700 CAUSE OF DEATH (ITEM 18) 0 0 — ERATIONS, UTOPSY 4 — DEATH DUE TO XTERNAL IOLENCE 7 1 — EDICAL R CORONER'S TIFICATION 1 — UNERAL IRECTOR AND GISTRAR 08 2 0