Punched

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4396

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 46.

**1. PLACE OF DEATH**
A. COUNTY: GRAHAM.
B. LENGTH OF STAY: IN THIS TOWN: 1 DAY; IN ARIZONA: 36 yrs
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 Hospital.

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ.
B. COUNTY: GREENLEE
C. CITY OR TOWN: DUNCAN ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): ~~[illegible]~~

**3. NAME OF DECEASED** (TYPE OR PRINT)
A. (FIRST): WILLIAM B. (MIDDLE): JOHN C. (LAST): MATHESON

4. SEX: MALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE: MARGARET M. MATHESON
7. DATE OF BIRTH: MONTH: Oct. DAY: 6. YEAR: 1878
8. AGE (IN YEARS LAST BIRTHDAY): 78 — 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): HOUR. MILLER.
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): UTAH.
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.
14A. FATHER'S NAME: ALEXANDER MATHESON
14B. BIRTHPLACE (STATE OR COUNTRY): SCOTLAND
15A. MOTHER'S MAIDEN NAME: LYDIA EVANS
15B. BIRTHPLACE (STATE OR COUNTRY): WALES
16. INFORMANT'S SIGNATURE: Mrs Kathleen Grade — ADDRESS:
17. DATE OF DEATH: (MONTH) July (DAY) 9 (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) Hemorrhage and Shock — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Esophageal Varices — 1 day
DUE TO (C) Polycythemia Vera — 7 years

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Contusion of Low Back — 3 days

19A. DATE OF OPERATION: 7/8/56
19B. MAJOR FINDINGS OF OPERATION: Esophageal Varices
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/8, 19 56 TO 7/9, 19 56 THAT I LAST SAW THE DECEASED ALIVE ON 7/9/56, 19 ___, AND THAT DEATH OCCURRED AT 7:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: H. J. Patton (DEGREE OR TITLE) M.D.
22B. ADDRESS: Safford, Ariz
22C. DATE SIGNED: 7/10/56

**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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 11-56
25C. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan
26A. DATE REC. BY LOCAL REG.: July 11 1956
26B. REGISTRAR'S SIGNATURE: A. Stratton M.D. Deputy Co. Health Officer
27A. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson
27B. ADDRESS: Safford, Ariz

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

OF DEATH 06
AND 12
RESIDENCE 04/07
1
CEDENT 1
SONAL 1
DATA 178
6
756
294 X
AUSE
OF
EATH
EM 18) 6
0
ATIONS, 2
TOPSY
DICAL 4
FICATION 5
DEATH 25
NERAL
ECTOR
AND
ISTRAR
July 11 1956
136