ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6203

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 11

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 48 yrs — IN ARIZONA: 48 yrs
C. CITY OR TOWN: Benson — [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): Residence

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Thomas B. (MIDDLE): Albert C. (LAST): Smith

4. SEX: Male **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Ella Patton

7. DATE OF BIRTH — MONTH: June DAY: 4 YEAR: 1881

8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): Rancher

9B. KIND OF BUSINESS OR INDUSTRY: Rancher

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah

11. CITIZEN OF WHAT COUNTRY? U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): --- (IF YES, WAR OR DATES OF SERVICE): ---

13. SOCIAL SECURITY NO.: 526-50-992

14A. FATHER'S NAME: Charles Dears Smith

14B. BIRTHPLACE (STATE OR COUNTRY): England

15A. MOTHER'S MAIDEN NAME: Mary Wilkinson

15B. BIRTHPLACE (STATE OR COUNTRY): England

16. INFORMANT'S SIGNATURE: Mrs. Ella P. Smith — ADDRESS:

17. DATE OF DEATH (MONTH): October (DAY): 6, (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) Bilat. Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Multiple CVA's. — Sev. Mo's.
DUE TO (C) Severe Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Rheumatoid Arthritis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 4th, 19 56, TO —, 19 —, THAT I LAST SAW THE DECEASED ALIVE ON Oct 4, 19 56, AND THAT DEATH OCCURRED AT 8:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): John H. Lewis M.D.
22B. ADDRESS: 620 N. Country Club
22C. DATE SIGNED: 10-8-56

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 [X]
25B. DATE: Oct. 9, 1956
25C. NAME OF CEMETERY OR CREMATORY: Southlawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona

26A. DATE REC. BY LOCAL REG.: Oct. 10, 1956
26B. REGISTRAR'S SIGNATURE: Amy Lawrence, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Wallace Fochin
27B. ADDRESS: Wallace Fochin

FORM VS-2 REV. 8-1-53 AMPCO 6-54 15M 79573

OF DEATH 02 AND 03 RESIDENCE X — CEDENT RSONAL DATA 1 1 1 1 75 6 056 331 X CAUSE OF EATH (EM 18) 0 0 RATIONS, TOPSY 2 EDICAL FICATION 1 DEATH DUE TO EXTERNAL VIOLENCE RONER'S FICATION 1 NERAL ECTOR AND ISTRAR 07 2 148