ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7514

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN: 1 yr; IN ARIZONA: 11 yrs
C. CITY OR TOWN: Cottonwood — [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): Lawrence Memorial Hospital

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ELIJAH B. (MIDDLE) D. C. (LAST) THOMPSON
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Viola Thompson
7. DATE OF BIRTH: MONTH 10 DAY 30 YEAR 80
8. AGE (IN YEARS LAST BIRTHDAY): 76
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): General Labor
9B. KIND OF BUSINESS OR INDUSTRY: Shipyards
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Louisiana
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): None
13. SOCIAL SECURITY NO.: Not Known
14A. FATHER'S NAME: Elijah D. Thompson
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Viola Ward
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Family Records — ADDRESS: Cottonwood, Ariz
17. DATE OF DEATH: (MONTH) 11-13-56 (DAY) (YEAR)

CAUSE OF DEATH (ITEM 18)

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) arteriosclerotic — 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) heart disease
DUE TO (C) Complete A V Block Aortic calcification — 7 years
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [ ] NO [X]

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-11, 1956 TO 11-13, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 11-13, 1956, AND THAT DEATH OCCURRED AT 7:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): W. H. Bates, M.D.
22B. ADDRESS: Cottonwood
22C. DATE SIGNED: 11-14-56

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): None
23C. (CITY OR TOWN) (COUNTY) (STATE): None
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): None M
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?: None

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: None
24B. ADDRESS: None
24C. DATE SIGNED: None

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 11-14-56
25C. NAME OF CEMETERY OR CREMATORY: Meldrum Mortuary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa Arizona
26A. DATE REC. BY LOCAL REG.: 11-14-56
26B. REGISTRAR'S SIGNATURE: Wilma Osborn
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard L. Wilson
27B. ADDRESS: Cottonwood, Ariz.

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