ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 17652

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 78

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN: 75 yrs. IN ARIZONA: 75 yrs.
C. CITY OR TOWN: Pima — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2 miles North of P.O.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Pima — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2 miles North of P.O.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Reuben B. (MIDDLE) Adams C. (LAST) Bryce
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary Bryce
7. DATE OF BIRTH: MONTH Sept DAY 22 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 76 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: ranch
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): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Ebenezer Bryce
14B. BIRTHPLACE (STATE OR COUNTRY): Scotland
15A. MOTHER'S MAIDEN NAME: Mary Ann Park
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: Reuben A. Bryce — ADDRESS: Safford, Ariz.
17. DATE OF DEATH (MONTH) December (DAY) 4 (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) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH several yrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ____ DUE TO (C) ____
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 26 Nov, 1956, TO 4 Dec, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 1 Dec, 1956, AND THAT DEATH OCCURRED AT 8 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: J. W. Pougher M.D. (DEGREE OR TITLE)
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 6 Dec 56

23A. ACCIDENT (SPECIFY) / SUICIDE / HOMICIDE / NATURAL CAUSE
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: 12-6-56
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Arizona
26A. DATE REC. BY LOCAL REG.: 12-6-56
26B. REGISTRAR'S SIGNATURE: E. H. Stallworth M.D. Deputy O.S. Hayes
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Allwee
27B. ADDRESS: Safford

FORM VS-2 REV. 6-1-55 AMPCO 77695

OF DEATH 05
AND 31
RESIDENCE
CEDENT
RSONAL
DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
EDICAL IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION
NERAL RECTOR AND GISTRAR