ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1546

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 27

12 02 CE OF DEATH 3 AND 43 AL RESIDENCE X-

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 76 Yrs; IN ARIZONA 78 Yrs
C. CITY OR TOWN: Tombstone — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 406 Fremont St

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Tombstone — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 406 Fremont St.

DECEDENT PERSONAL DATA 1 2 186 6 357

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) L C. (LAST) Larrieu
4. SEX: Male
5. COLOR OR RACE: Caus.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Dec DAY 12 YEAR 1870
8. AGE (IN YEARS LAST BIRTHDAY): 86 — 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): retired
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): None (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 527-18-3745
14A. FATHER'S NAME: Leon Larrieu
14B. BIRTHPLACE (STATE OR COUNTRY): France
15A. MOTHER'S MAIDEN NAME: Mary Laffy
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE: Paul Chadwick — ADDRESS: 832 E. 7th Tucson, Arizona
17. DATE OF DEATH: (MONTH) March (DAY) 28 (YEAR) 1957

4200 CAUSE OF DEATH (ITEM 18) 0 0

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) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: INSTANTLY
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) ARTERIOSCLEROTIC H.D. — 28 YRS
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 2
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 1 2
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 3-27, 1957, AND THAT DEATH OCCURRED AT 3/28-58 7AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Charles Kenon (DEGREE OR TITLE) M.D.
22B. ADDRESS: Tombstone Ariz.
22C. DATE SIGNED: 3-28-57

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.)
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?

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

FUNERAL DIRECTOR AND REGISTRAR 08 2
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3/30/57
25C. NAME OF CEMETERY OR CREMATORY: Tombstone
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tombstone, Arizona
26A. DATE REC. BY LOCAL REG.: 4-1-57
26B. REGISTRAR'S SIGNATURE: Margaret J. McCady
27A. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Parker
27B. ADDRESS: Hubbard Mortuary, Bisbee, Arizona

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