ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2313

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 45

1. PLACE OF DEATH
A. COUNTY Cochise
B. LENGTH OF STAY IN THIS TOWN 40 yrs IN ARIZONA 40 yrs
C. CITY OR TOWN Douglas ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) County hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE Ariz. COUNTY Cochise
C. CITY OR TOWN Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS 662 7th St (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ned B. (MIDDLE) C. (LAST) Thompson
4. SEX M
5. COLOR OR RACE white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
6B. NAME OF SPOUSE Maria
7. DATE OF BIRTH MONTH 11 DAY 11 YEAR 86
8. AGE (IN YEARS LAST BIRTHDAY) 70 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) Smelterman
9B. KIND OF BUSINESS OR INDUSTRY Copper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) yes (IF YES, WAR OR DATES OF SERVICE) 1
13. SOCIAL SECURITY NO. ?
14A. FATHER'S NAME James E. Thompson
14B. BIRTHPLACE (STATE OR COUNTRY) Kentuckey
15A. MOTHER'S MAIDEN NAME Mary Ruth Klablinger
15B. BIRTHPLACE (STATE OR COUNTRY) La.
16. INFORMANT'S SIGNATURE Hospital records ADDRESS
17. DATE OF DEATH (MONTH) 4 (DAY) 2 (YEAR) 1957

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis — Not known
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 3/30, 1957 TO 4/2, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 4/2, 1957, AND THAT DEATH OCCURRED AT 4:30 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE H. Montgomery MD (DEGREE OR TITLE)
22B. ADDRESS Douglas
22C. DATE SIGNED 4/4/57

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 4-4-57
25C. NAME OF CEMETERY OR CREMATORY Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.
26A. DATE REC. BY LOCAL REG. Apr. 4-57
26B. REGISTRAR'S SIGNATURE Cecil Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE Gordon Brown
27B. ADDRESS Douglas, Ariz

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AND 11 L RESIDENCE
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CAUSE OF DEATH (ITEM 18) 0
0
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MEDICAL TIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
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