ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2342

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 28

| | |
|---|---|
| 1. PLACE OF DEATH A. COUNTY | Graham |
| B. LENGTH OF STAY IN THIS TOWN | 1 yr. |
| IN ARIZONA | 75yrs |
| C. CITY OR TOWN | Safford |
| ☒ 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. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE | Ariz. |
| B. COUNTY | Graham |
| C. CITY OR TOWN | Safford |
| ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS | |
| D. STREET ADDRESS (IF RURAL, GIVE LOCATION) | |
| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST) | Ashley T. Boyd |
| 4. SEX | M |
| 5. COLOR OR RACE | W |
| 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | widower |
| 6B. NAME OF SPOUSE | XXXXXX |
| 7. DATE OF BIRTH MONTH DAY YEAR | May 10 1877 |
| 8. AGE (IN YEARS LAST BIRTHDAY) | 79 |
| 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) | miner |
| 9B. KIND OF BUSINESS OR INDUSTRY | mining |
| 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Utah |
| 11. CITIZEN OF WHAT COUNTRY? | U.S. |
| 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) | No |
| 13. SOCIAL SECURITY NO. | |
| 14A. FATHER'S NAME | J. D. Boyd |
| 14B. BIRTHPLACE (STATE OR COUNTRY) | Ile of Man |
| 15A. MOTHER'S MAIDEN NAME | Victoria Hubbard |
| 15B. BIRTHPLACE (STATE OR COUNTRY) | Mich. |
| 16. INFORMANT'S SIGNATURE | Eda Bryan |
| ADDRESS | Phoenix Ariz. |
| 17. DATE OF DEATH (MONTH) (DAY) (YEAR) | April 23 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) Coronary Occlusion

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic H.D.

DUE TO (C)

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

INTERVAL BETWEEN ONSET AND DEATH: unknown

19A. DATE OF OPERATION: [illegible]

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 15, 1957, TO April 23, 1957, THAT I LAST SAW THE DECEASED ALIVE ON April 22, 1957, AND THAT DEATH OCCURRED AT 7:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Charles H. Karr, M.D.

22B. ADDRESS: Safford, Ariz.

22C. DATE SIGNED: 24 Apr. 1957

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: April 25-57

25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz.

26A. DATE REC. BY LOCAL REG.: April 25/57

26B. REGISTRAR'S SIGNATURE: M Shatton M.D.

27A. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson

27B. ADDRESS: 4/25/57

FORM VS-2 REV. 6-1-53 AMPCO 77595