ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4231

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 856

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 9 days; IN ARIZONA: 56 yrs.
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tucson Medical Center

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 202 Main St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOHN B. (MIDDLE) NEWTON C. (LAST) STRATTON

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Kate H. Stratton
7. DATE OF BIRTH — MONTH: Dec. DAY: 4 YEAR: 1877
8. AGE (IN YEARS LAST BIRTHDAY): 79 — IF UNDER 1 YEAR: MONTHS -- DAYS -- HOURS -- MIN. --
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Physician
9B. KIND OF BUSINESS OR INDUSTRY: Medical
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: none
14A. FATHER'S NAME: Nathan Loake Stratton
14B. BIRTHPLACE (STATE OR COUNTRY): New Jersey
15A. MOTHER'S MAIDEN NAME: Melverda G. McKinney
15B. BIRTHPLACE (STATE OR COUNTRY): Louisiana
16. INFORMANT'S SIGNATURE: Kate H. Stratton — ADDRESS: Safford, Arizona
17. DATE OF DEATH — (MONTH) June (DAY) 25 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Pulmonary edema
DUE TO (B) Arteriosclerotic Heart disease
DUE TO (C)

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

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

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 6-20-57
19B. MAJOR FINDINGS OF OPERATION: Nodular hyperplasia of prostate
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-16, 1952, TO 6-25, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 6-24-57, 19__, AND THAT DEATH OCCURRED AT 2:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M. D.
22B. ADDRESS: 2116 E. Elm, Tucson, Ariz.
22C. DATE SIGNED: 6/25/57

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: 6/25/57
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: 6-25-57
26B. REGISTRAR'S SIGNATURE: [signature] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona

FORM VS-2 REV. 6-1-55 AMPCO 776

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33 — AND
I. RESIDENCE
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ECEDENT
ERSONAL
DATA 179
4
657
4200
CAUSE
OF
DEATH
(TEM 18)
1
9
ERATIONS,
UTOPSY 1
MEDICAL 1
TIFICATION 1
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
TIFICATION
UNERAL
IRECTOR 55
AND
EGISTRAR 2
156