ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5118

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 30 Yrs; IN ARIZONA 31 Yrs.
C. CITY OR TOWN: Bisbee — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 26 Wood Canyon

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Bisbee — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 26 Wood Canyon
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) C. (LAST) Davis
4. SEX: Male
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Floy A. Davis
7. DATE OF BIRTH: MONTH June DAY 25 YEAR 1894
8. AGE (IN YEARS LAST BIRTHDAY): 63
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): Powder man
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ky.
11. CITIZEN OF WHAT COUNTRY? USA
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.: 526-05-0953
14A. FATHER'S NAME: Benjamine Davis
14B. BIRTHPLACE (STATE OR COUNTRY): KY
15A. MOTHER'S MAIDEN NAME: Mary Ann Deering
15B. BIRTHPLACE (STATE OR COUNTRY): Ky
16. INFORMANT'S SIGNATURE: Floy A. Davis (Wife) ADDRESS: 26 Wood Canyon Bisbee, Arizona
17. DATE OF DEATH (MONTH) August (DAY) 24 (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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

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 Seen dead, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 8-24, 1957, AND THAT DEATH OCCURRED AT 2 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Joseph Gatta MD
22B. ADDRESS: Bisbee Ariz
22C. DATE SIGNED: 8-26-57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Bisbee Cochise Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) 0 M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: T. Harper Coroner
24B. ADDRESS: Lowell Arizona
24C. DATE SIGNED: AUG 26 1957

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 8/27/57
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 8-27-57
26B. REGISTRAR'S SIGNATURE: Margaret J. McCarty
27A. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Parker
27B. NAME AND ADDRESS: Hubbard Mortuary Bisbee Arizona
28. EMBALMER'S SIGNATURE: William J. Williams
28B. EMBALMER'S CERT. NO.: 359-A

FORM VS-2 REV. 3-15-55 OFFICIAL

12 07 E OF DEATH 4 AND 04 L RESIDENCE X DECEDENT 1 1 1 PERSONAL 63 DATA 4 4 85 7 420 CAUSE OF DEATH (ITEM 18) 0 0 PERATIONS, AUTOPSY 2 MEDICAL TIFICATION 4 DEATH DUE TO EXTERNAL VIOLENCE CORONER'S TIFICATION 5 FUNERAL DIRECTOR AND REGISTRAR 8 131