ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5826

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 103

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 20 Yrs. IN ARIZONA: 80 Yrs.
C. CITY OR TOWN: St. David ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Rural

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) Kenneth C. (LAST) McRae
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: — — — — — — — —
7. DATE OF BIRTH — MONTH: 11 DAY: 12 YEAR: 1867
8. AGE (IN YEARS LAST BIRTHDAY): 89 Yrs.
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: Copper Miner
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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.: Unknown
14A. FATHER'S NAME: Joseph McRae
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Maria Taylor
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE — ADDRESS: Mr. Walter S. McRae, St. David, Arizona.
17. DATE OF DEATH — (MONTH) August (DAY) 21, (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) Senility (old Age) — INTERVAL BETWEEN ONSET AND DEATH: Yrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic Heart Disease — 10 Yrs.
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 1947, 19__, TO 8-21-57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON August 20, 1957, AND THAT DEATH OCCURRED AT 10 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: J. M. Jesser (DEGREE OR TITLE) M. D.
22B. ADDRESS: Benson, Arizona
22C. DATE SIGNED: 8-21-57

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: Aug. 24, 1957
25C. NAME OF CEMETERY OR CREMATORY: L. D. S. Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. David, Arizona
26A. DATE REC. BY LOCAL REG.
26B. REGISTRAR'S SIGNATURE: Amy Lowery, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard G. Bring
27B. ADDRESS: Bring's Funeral Home Tucson, Arizona
28. EMBALMER'S SIGNATURE: Howard G. Bring
28B. EMBALMER'S CERT. NO.: 222

FORM VS-2 REV. 3-15-55 [illegible]

OF DEATH AND RESIDENCE — CEDENT SONAL DATA — CAUSE OF EATH EM 18) — UATIONS, UTOPSY — EDICAL FICATION — DEATH DUE TO EXTERNAL VIOLENCE — RONER'S FICATION — UNERAL RECTOR AND GISTRAR