ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1859

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 429

1. PLACE OF DEATH — A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 99 yr; IN ARIZONA: 99 yr
C. CITY OR TOWN: Pima — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 150 E. Center Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona B. COUNTY: Graham
C. CITY OR TOWN: Pima — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 150 E. Center St. E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) DAVID B. (MIDDLE) HENRY C. (LAST) WEECH
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: HANNAH MAY
7. DATE OF BIRTH — MONTH: Sept DAY: 27 YEAR: 1876
8. AGE (IN YEARS LAST BIRTHDAY): 82 — 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): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY:
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.: 529-14-3520
14A. FATHER'S NAME: Hyrum Weech
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Sarah Dall
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: May Weech ADDRESS: Pima Ariz.
17. DATE OF DEATH — MONTH: March DAY: 21 YEAR: 1958

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) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
DUE TO (B) Congestive heart failure — one month
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.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 19 58 TO March 21 19 58, THAT I LAST SAW THE DECEASED ALIVE ON March 21, 19 58, AND THAT DEATH OCCURRED AT 10:50 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE) MD
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: 3-25-58

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: 3-24-58
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz.
26A. DATE REC. BY LOCAL REGR.: Mar 25 1958
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: W. Haldwell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. Haldwell
28B. EMBALMER'S CERT. NO.: 291

FORM VS-2 REV. 3-15-53

5 05 E OF DEATH AND 31 L RESIDENCE X- 1 CEDENT 1 RSONAL 82 DATA 6 358 4341 CAUSE OF DEATH 0 TEM 18) 0 RATIONS, UTOPSY 4 EDICAL FICATION 7 DEATH DUE TO EXTERNAL VIOLENCE RONER'S FICATION 1 NERAL 28 ECTOR AND 7 GISTRAR 179