ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2626

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN OR ARIZONA: 3 yrs | 1950
C. CITY OR TOWN: Willcox — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Residence

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Eder B. (MIDDLE) Eli C. (LAST) Bailey
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Hattie Spier
7. DATE OF BIRTH: MONTH Feb. DAY 9 YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY): 57 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BULK OF LIFE EVEN IF RETIRED): Farm Hand
9B. KIND OF BUSINESS OR INDUSTRY: Farm Hand
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ark.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): ---
(IF YES, WAR OR DATES OF SERVICE): ----
13. SOCIAL SECURITY NO.: 4[illegible]05-6461
14A. FATHER'S NAME: Robert D. Bailey
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Mary Horton
15B. BIRTHPLACE (STATE OR COUNTRY): Ark.
16. INFORMANT'S SIGNATURE: Hattie L Bailey — ADDRESS: Willcox, Ariz.
17. DATE OF DEATH: (MONTH) April (DAY) 13, (YEAR) 1958

CAUSE OF DEATH (ITEM 18)

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) Natural causes — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.

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

MEDICAL CERTIFICATION
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.
Never attended deceased. Was called and went with coroner on said day.
22A. SIGNATURE: W. Spellman, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Box 487 Willcox Arizona
22C. DATE SIGNED: 4/15/58

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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: V. L. Chadwick
24B. ADDRESS: Willcox, Arizona
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: April 17, 1958
25C. NAME OF CEMETERY OR CREMATORY: Sheldon Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan, Arizona.
26A. DATE REC. BY LOCAL REG.: 4-17-58
26B. REGISTRAR'S SIGNATURE: Mrs John Wilson, Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: William E. Tuggy
27B. ADDRESS: Duncan, Ariz.
28. EMBALMER'S SIGNATURE: William Tuggy
28B. EMBALMER'S CERT. NO.: 328

FORM VS-2 REV. 3-15-55 (Green) 1