ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3306

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1252

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 21 Yrs; IN ARIZONA 51 Yrs.
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 139 South Pleasant St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 139 South Pleasant St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) C. (LAST) Lovett
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Clara Lovett
7. DATE OF BIRTH: MONTH March DAY 26 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 72
IF UNDER 1 YEAR: MONTHS — DATE —
IF UNDER 24 HRS.: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Ret. Bookkeeper
9B. KIND OF BUSINESS OR INDUSTRY: Accounting
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mississippi
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: Henry B. Lovett
14B. BIRTHPLACE (STATE OR COUNTRY): Mississippi
15A. MOTHER'S MAIDEN NAME: Sallie P. Finch
15B. BIRTHPLACE (STATE OR COUNTRY): Mississippi
16. INFORMANT'S SIGNATURE: Wife Clara Lovett ADDRESS: 139 S. Pleasant Prescott, Ariz.
17. DATE OF DEATH: (MONTH) April (DAY) 2 (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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of the lung — 8 months
DUE TO (C) Chronic myocarditis.
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old Pott's disease of spine as child.

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 July 2, 1948 TO April 2, 1958, THAT I LAST SAW THE DECEASED ALIVE ON April 1, 1958, AND THAT DEATH OCCURRED AT 11:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: April 3, 1958

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
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 4-3-58
25C. NAME OF CEMETERY OR CREMATORY: Removal to Duncan Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan, Arizona
26A. DATE REC. BY LOCAL REG.: 4-14-58
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: Edwin S. Widmer
27B. ADDRESS: Prescott, Arizona
28. EMBALMER'S SIGNATURE: Edwin S. Widmer
28B. EMBALMER'S CERT. NO.: 361-A

FORM VS-2 REV. 3-15-55

WIDMER MORTUARY & CHAPEL PRESCOTT, ARIZONA