ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4071

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 18

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN: 4 da | IN ARIZONA: 21 yrs
C. CITY OR TOWN: Cottonwood — [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): Lawrence Memorial Hosp

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILBUR B. (MIDDLE) M. C. (LAST) SPEX
4. SEX: male
5. COLOR OR RACE: Indian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lorene Spex
7. DATE OF BIRTH: MONTH 12 DAY 11 YEAR 36
8. AGE (IN YEARS LAST BIRTHDAY): 21 — 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): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Farm hand
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Paul Spex
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Mattie Robinson
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Rue Mitchell — ADDRESS: Ft. McDowell, Ari
17. DATE OF DEATH (MONTH) 5 (DAY) 5 (YEAR) 58

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.)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH — MEDICAL CERTIFICATION
(A) Diabetic coma — INTERVAL BETWEEN ONSET AND DEATH: 8 hours
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Diabetes mellitus — unknown
DUE TO (C) — —
PLACE DISEASE CONTRACTED.

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: alcoholism —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-5, 1958 TO 5-5, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 5-5, 1958, AND THAT DEATH OCCURRED AT 5:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: W. H. Bates (DEGREE OR TITLE) M.D.
22B. ADDRESS: Cottonwood
22C. DATE SIGNED: 5-5-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): None
23C. (CITY OR TOWN) (COUNTY) (STATE): None
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: None
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR? None

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: None
24B. ADDRESS: None
24C. DATE SIGNED: None

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 5-8-58
25C. NAME OF CEMETERY OR CREMATORY: Ft. McDowell Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ft. McDowell, Arizona
26A. DATE REC. BY LOCAL REG.: 5-9-58
26B. REGISTRAR'S SIGNATURE: Wilma Thompson
27A. FUNERAL DIRECTOR'S SIGNATURE: Thomas L. Gustafson
27B. ADDRESS: Cottonwood
28. EMBALMER'S SIGNATURE: Gerald L. Westlund
28B. EMBALMER'S CERT. NO.: 298

FORM VS-2 REV. 3-13-55

4 27 — CE OF DEATH
9 AND 91 — V RESIDENCE
0302
7 — ECEDENT
1 — ERSONAL
121 — DATA
0
558
760 X — CAUSE OF DEATH (ITEM 18)
0
0
ERATIONS, 2 — UTOPSY
4 — EDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION
UNERAL 78 — IRECTOR AND GISTRAR 2
8 —