ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4804

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

**1. PLACE OF DEATH**
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 13 IN ARIZONA 76
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Inn Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 635 Central Ave
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) L C. (LAST) Branch
4. SEX: male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE: Alberta. Branch
7. DATE OF BIRTH: MONTH Nov DAY 27 YEAR 188
8. AGE (IN YEARS LAST BIRTHDAY): 76 — IF UNDER 1 YEAR: MONTHS 8 DAYS 10 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Electrician
9B. KIND OF BUSINESS OR INDUSTRY: With Mining Co
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): (IF YES, WAR OR DATES OF SERVICE): [illegible]
13. SOCIAL SECURITY NO.: 536-07-0674
14A. FATHER'S NAME: Augustus Branch
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Darcus Ann Morrice
15B. BIRTHPLACE (STATE OR COUNTRY): Georgia
16. INFORMANT'S SIGNATURE: Alberta Branch — ADDRESS:
17. DATE OF DEATH (MONTH) (DAY) (YEAR): June 6 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*
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Cerebral arteriosclerosis with apoplexy
DUE TO (B) Diabetes mellitus with acidosis
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 48 hours; 48 hours.

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 6-25, 1955 TO 6-6, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 6-6, 1958, AND THAT DEATH OCCURRED AT 7:55 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE): MD
22B. ADDRESS: Safford Arizona
22C. DATE SIGNED: 6-7-58

**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
24B. ADDRESS
24C. DATE SIGNED

**FUNERAL DIRECTOR AND REGISTRAR**
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/9/1958
25C. NAME OF CEMETERY OR CREMATORY: Safford cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Graham Co.
26A. DATE REC. BY LOCAL REG.: June 6-68
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: H. C. Rawson
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: H. C. Rawson
28B. EMBALMER'S LICENSE NO.: 1164

FORM VS-2 REV. 2-15-57

35 05 E OF DEATH 3 AND 33 L RESIDENCE 04 07 — 1 1 1 SCEDENT 1 ERSONAL 1 DATA 1 0 — 658 — 260X CAUSE OF DEATH 0 TEM 18) 0 — RATIONS, STOPSY 2 — EDICAL IFICATION — DEATH DUE TO EXTERNAL VIOLENCE — RONER'S IFICATION — NERAL RECTOR AND GISTRAR 8 6