ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0018

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN: 6 MO. IN ARIZONA: 6 MO.
C. CITY OR TOWN: Douglas — [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): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 825 9th St E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Marion B. (MIDDLE) Lee C. (LAST) Grabow
4. SEX: F
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): single
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 2 DAY 10 YEAR 1952
8. AGE (IN YEARS LAST BIRTHDAY): 6 — 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): Student
9B. KIND OF BUSINESS OR INDUSTRY: Schools
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Calif.
11. CITIZEN OF WHAT COUNTRY? U S
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.: None
14A. FATHER'S NAME: Robert E. Grabow
14B. BIRTHPLACE (STATE OR COUNTRY): Kansas
15A. MOTHER'S MAIDEN NAME: Eleanor June Lamb
15B. BIRTHPLACE (STATE OR COUNTRY): Cal.
16. INFORMANT'S SIGNATURE: Mr. Lewis A. Hubbard — ADDRESS: Douglas, Ariz.
17. DATE OF DEATH: (MONTH) 1 (DAY) 13 (YEAR) 1959

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) Wound, gunshot, .22 bullet. Point of entrance 1. posterior neck at 3rd cervical level with laceration of 1. carotid artery.
DUE TO (B) Point of exit 3 cm. below chin in mid-line.
DUE TO (C) mid-line.

INTERVAL BETWEEN ONSET AND DEATH

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

19A. DATE OF OPERATION: 1-13-59
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-13 19 59 TO 1-13 19 59, THAT I LAST SAW THE DECEASED ALIVE ON 1-13-59, 19__, AND THAT DEATH OCCURRED AT 12:50 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E. E. Montgomery (DEGREE OR TITLE) MD
22B. ADDRESS:
22C. DATE SIGNED:

23A. ACCIDENT X / SUICIDE / HOMICIDE / NATURAL CAUSE — (SPECIFY) Gunshot
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): home
23C. (CITY OR TOWN) (COUNTY) (STATE): Douglas, Cochise, Arizona
23D. TIME OF INJURY: (MONTH) 1 (DAY) 13 (YEAR) 59 (HOUR) 12 n M
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? Brother playing with gun; bullet fired which ricocheted off bed post and struck child in neck

24A. CORONER'S SIGNATURE: George W. Martin
24B. ADDRESS: Douglas, Ariz.
24C. DATE SIGNED: 1/15/59

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 1-15-59
25C. NAME OF CEMETERY OR CREMATORY: Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
26A. DATE REC. BY LOCAL REG.: Jan. 14/58
26B. REGISTRAR'S SIGNATURE: Earl Edamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown
27B. ADDRESS: Douglas, Ariz.
28. EMBALMER'S SIGNATURE: Gordon Brown
28B. EMBALMER'S CERT. NO.: 238

FORM VS-2 REV. 3-15-55

2 02 — CE OF DEATH
1 AND 11 — L. RESIDENCE
0303
DECEDENT PERSONAL DATA 1 2 2 10 4 159
9 10 CAUSE OF DEATH (ITEM 18) 6 1
ERATIONS, AUTOPSY 1
MEDICAL TIFICATION 11 02 2
DEATH DUE TO EXTERNAL VIOLENCE 2
ORONER'S TIFICATION
FUNERAL IRECTOR AND EGISTRAR 10
2 10