ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0973

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 19

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 6wks; IN ARIZONA 40yrs
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise County Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): JOHN
B. (MIDDLE): HENRY
C. (LAST): BOHMFALK

4. SEX: M
5. COLOR OR RACE: Cau
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lillian
7. DATE OF BIRTH: MONTH 1 DAY 12 YEAR 85
8. AGE (IN YEARS LAST BIRTHDAY): 73
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): Winning
9B. KIND OF BUSINESS OR INDUSTRY: Copper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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)
13. SOCIAL SECURITY NO.: unk
14A. FATHER'S NAME: S. H. Bohmfalk
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Elizabeth Hart
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Lillian Bohmfalk — ADDRESS: Hereford Arizona
17. DATE OF DEATH: Feb (MONTH) 7 (DAY) 1959 (YEAR)

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) AORTIC ANEURYSM — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
(B) DUE TO (A): ARTERIOSCLEROSIS
DUE TO (C): SENILITY
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: BRONCHITIS — PROSTATISM

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JAN 11, 1959 TO FEB 7, 1959. THAT I LAST SAW THE DECEASED ALIVE ON FEB 7, 1959, AND THAT DEATH OCCURRED AT 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E. W. Adamson (DEGREE OR TITLE) M D
22B. ADDRESS: Douglas Arizona
22C. DATE SIGNED: 2/10/59

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?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2/10/59
25C. NAME OF CEMETERY OR CREMATORY: Evergreen
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 2/10/59
26B. REGISTRAR'S SIGNATURE: E. W. Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Parker
27B. ADDRESS: Bisbee, Arizona
28A. EMBALMER'S SIGNATURE: Fred E. Parker
28B. EMBALMER'S CERT. NO.: 340

FORM VS-2 REV. 3-15-55

2 E OF DEATH AND L. RESIDENCE 98 0316
1 DECEDENT PERSONAL DATA 1 73 6 259
451 X CAUSE OF DEATH (ITEM 18) 6 6
ERATIONS, UTOPSY 4
MEDICAL TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION 1
UNERAL IRECTOR AND GISTRAR 1 1 140