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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3988

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 52

1. PLACE OF DEATH
A. COUNTY: Mohave
B. LENGTH OF STAY: IN THIS TOWN 17yrs; IN ARIZONA 17yrs
C. CITY OR TOWN: Kingman — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 611 , 4th Ave

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Mohave
C. CITY OR TOWN: Kingman — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 611 4th. Ave
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) B. (MIDDLE) C. (LAST): Emmett H. Sprague
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Myrtle Sprague
7. DATE OF BIRTH: MONTH Dec. DAY 15 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 72
IF UNDER 1 YEAR: MONTHS 4 DAYS 25 HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Ret. Contractor
9B. KIND OF BUSINESS OR INDUSTRY: Helper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebr
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.: Unknown
14A. FATHER'S NAME: Edwin S. Sprague
14B. BIRTHPLACE (STATE OR COUNTRY): Nebr
15A. MOTHER'S MAIDEN NAME: Martha (Unknown)
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs. Myrtle Sprague — ADDRESS: Kingman, Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): May 20- 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cardio-Vascular-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: years
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
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 May 11, 1959 TO May 20, 1959, THAT I LAST SAW THE DECEASED ALIVE ON May 11, 1959, AND THAT DEATH OCCURRED AT 9:30 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Walter Brazie (DEGREE OR TITLE) M.D.
22B. ADDRESS: WALTER BRAZIE, M.D. Drawer 631
22C. DATE SIGNED: 5-22-59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Kingman, Arizona (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: May 23-59
25C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman, Ariz
26A. DATE REC. BY LOCAL REG.: 5-23-59
26B. REGISTRAR'S SIGNATURE: Hazel M. Millert
27A. FUNERAL DIRECTOR'S SIGNATURE: Floyd E. Chamberlain
27B. ADDRESS: Kingman, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 77805