

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

5940

CERTIFICATE OF DEATH

REGISTRAR'S NO.

121

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 2 yrs, 2 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Cochise					
	C. CITY OR TOWN Douglas		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 839 G AVENUE				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1670 21st		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IDENTIFICATION DATA	3. NAME OF DECEASED (TYPE OR PRINT) Frank H. Johnson			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	
	6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH DAY YEAR 11 9 04	8. AGE (IN YEARS) LAST BIRTHDAY 54	IF UNDER 1 YEAR MONTHS DATE	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVER IF RETIRED) Retired Timekeeper		
IDENTIFICATION DATA	9B. KIND OF BUSINESS OR INDUSTRY B & O R. R.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	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) no	13. SOCIAL SECURITY NO. 269-12-2678				
	14A. FATHER'S NAME Frank Johnson			14B. BIRTHPLACE (STATE OR COUNTRY) Ohio	15A. MOTHER'S MAIDEN NAME Edna Beishler		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio			
IDENTIFICATION DATA	16. INFORMANT'S SIGNATURE <i>Frank Johnson</i>				ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) 8 - 7 59			
	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, ASTHMA, 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) <i>Myocardial Infarction</i> 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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Rheumatic Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
IDENTIFICATION DATA	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/8/59 , IS. TO 1/15/59 , IS. THAT I LAST SAW THE DECEASED ALIVE ON 1/15/59 , IS. AND THAT DEATH OCCURRED AT approx 3:15A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
IDENTIFICATION DATA	22A. SIGNATURE <i>Henry W. Martin</i>				(DEGREE OR TITLE)		22B. ADDRESS 720 111st. Douglas		22C. DATE SIGNED 8/10/59	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Douglas			23C. (CITY OR TOWN) (COUNTY) (STATE)			
IDENTIFICATION DATA	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE <i>Henry W. Martin</i>				24B. ADDRESS		24C. DATE SIGNED 8/12/59			
IDENTIFICATION DATA	25A. BURIAL OR CREMATION <input type="checkbox"/> REINTERMENT <input type="checkbox"/>		25B. DATE 8-12-59	25C. NAME OF CEMETERY OR CREMATOR Catvay			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas Ariz			
	26A. DATE REC. BY SOCIAL REG. 8/12/59		26B. REGISTRAR'S SIGNATURE <i>C. W. Adamson</i>		27A. GENERAL DIRECTOR'S SIGNATURE <i>Robert Deason</i>			27B. ADDRESS Douglas		
IDENTIFICATION DATA	28A. EMBALMER'S SIGNATURE <i>Horton Brown</i>				28B. EMBALMER'S CERT. NO. 228					