Punched / verified

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8126

CERTIFICATE OF DEATH

BIRTH NO. 18213

REGISTRAR'S NO. 47

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY IN THIS TOWN: 1 day IN ARIZONA: 3 mo
C. CITY OR TOWN: Cottonwood — [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): Lawrence Memorial Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Clarkdale — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 115 Sunset
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) BRET B. (MIDDLE) JAY C. (LAST) THORNTON
4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): never married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 7 DAY 7 YEAR 59
8. AGE (IN YEARS LAST BIRTHDAY): 0 — IF UNDER 1 YEAR: MONTHS 3 DAYS 3 — IF UNDER 24 HRS.: HOURS -- MIN. --
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BULK OF LIFE EVEN IF RETIRED): Infant
9B. KIND OF BUSINESS OR INDUSTRY: Infant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: James Thornton
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Francene Wilson
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: ADDRESS: Clarkdale, Arizona
17. DATE OF DEATH: (MONTH) 10 (DAY) 14 (YEAR) 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, 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) H. INFLUENZA MENINGITIS — INTERVAL BETWEEN ONSET AND DEATH: 24 Hours
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: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 13 Oct. 1959 TO 14 Oct. 1959 THAT I LAST SAW THE DECEASED ALIVE ON 14 Oct. 1959 AND THAT DEATH OCCURRED AT 11:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Daniel Bright M.D.
22B. ADDRESS: Cottonwood, Arizona
22C. DATE SIGNED:

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): None
23C. (CITY OR TOWN) (COUNTY) (STATE): None
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): None
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR? None

24A. CORONER'S SIGNATURE: None
24B. ADDRESS: None
24C. DATE SIGNED: None

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 10-16-59
25C. NAME OF CEMETERY OR CREMATORY: Valley View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Clarkdale, Arizona
26A. DATE REC. BY LOCAL REG.: 10/19/59
26B. REGISTRAR'S SIGNATURE: Wilma Thompson
27A. FUNERAL DIRECTOR'S SIGNATURE: Lauren L. Westbrook
27B. ADDRESS: Cottonwood, Ariz
28. EMBALMER'S SIGNATURE: Lauren L. Westbrook
28B. EMBALMER'S CERT. NO.: 298-A

FORM VS-2 REV. 3-15-55

1/ OF DEATH 14
2/ AND 56
RESIDENCE
0302
1
1
CEDENT 2
RSONAL 70
DATA
0
059
3416
CAUSE
OF
DEATH 0
TEM 18) 0
RATIONS, UTOPSY 2
EDICAL 1
IFICATION 1
DEATH
DUE TO
EXTERNAL
VIOLENCE
RONER'S IFICATION
UNERAL RECTOR AND GISTRAR 78
0