Verified
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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9051

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 3 months; IN ARIZONA: 57yrs
C. CITY OR TOWN: Bowie — 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): Residence

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

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CARSON B. (MIDDLE) C. (LAST) MORROW

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Leon Pettitt
7. DATE OF BIRTH: MONTH 5 DAY 28 YEAR 1896
8. AGE (IN YEARS LAST BIRTHDAY): 63 — IF UNDER 1 YEAR: MONTHS 6 DAYS 7 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Retired Border Patro
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): W. W. I — (IF YES, WAR OR DATES OF SERVICE): Army
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: W. K. Morrow
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Eva R. Corn
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Walter Morrow — ADDRESS: Portal, Ariz.
17. DATE OF DEATH: (MONTH) December (DAY) 5, (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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) CARDIO-VASCULAR DISEASE — 4 YRS
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 X

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JUNE 12, 1958 TO DEC 5, 1959 THAT I LAST SAW THE DECEASED ALIVE ON OCT 25, 1959 AND THAT DEATH OCCURRED AT 1:30 A. 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: 12/7/59

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.): At Home
23C. (CITY OR TOWN) Bowie (COUNTY) Cochise (STATE) Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: W. H. Cooke
24B. ADDRESS: Bowie Arizona
24C. DATE SIGNED: 12/11/59

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL X CREMATION ☐ REMOVAL ☐
25B. DATE: Dec. 9 1959
25C. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Portal, Arizona
26A. DATE REC. BY LOCAL REG.: 12-13-59
26B. REGISTRAR'S SIGNATURE: Mrs Ruth Wilson
27A. FUNERAL DIRECTOR'S SIGNATURE: Willem Lockie
27B. ADDRESS: Willcox, Arizona
28A. EMBALMER'S SIGNATURE: Charles F. Read Jr
28B. EMBALMER'S CERT. NO.: 392A

FORM VS-2 REV. 8-15-55 15M AMPCO 22509

7 02 / E OF DEATH / AND 98 / RESIDENCE X
1 / CEDENT 1 / RSONAL 163 / DATA
4 / V59
42 01 / CAUSE OF DEATH (ITEM 18)
0 / 0
RATIONS, UTOPSY 9
EDICAL 4 / IFICATION 1
1 / 1
RONER'S IFICATION 5
NERAL 12 / RECTOR AND GISTRAR 2
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