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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1971

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 48

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 43 yrs — IN ARIZONA: 43 yrs
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): 1305 11th St

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. — COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1305 11th St
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Edwin — B. (MIDDLE): Morris — C. (LAST): Browder

4. SEX: Male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ella W.
7. DATE OF BIRTH — MONTH: 1 — DAY: 23 — YEAR: 1898
8. AGE (IN YEARS LAST BIRTHDAY): 62 — 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): Clerk S. P. R.
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ky.
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.: 700 09 4601
14A. FATHER'S NAME: Wiebar Browder
14B. BIRTHPLACE (STATE OR COUNTRY): Ky.
15A. MOTHER'S MAIDEN NAME: Harriett Frazer
15B. BIRTHPLACE (STATE OR COUNTRY): Ky.
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Ella W. Browder; Douglas, Ariz.
17. DATE OF DEATH — (MONTH): 3 — (DAY): 14 — (YEAR): 60

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) Chronic nephritis with uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
2) Secondary to chronic myocardial
DUE TO (B) disease — 2 yrs
3) Cerebral thrombosis with paralysis of left arm & leg
DUE TO (C) — Aug 1958
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Osteomyelitis, chronic, left femur — 34 yrs.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1950 TO 3/14 1960 THAT I LAST SAW THE DECEASED ALIVE ON 3/13 1960 AND THAT DEATH OCCURRED AT 7:55 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: R.E. Montgomery — (DEGREE OR TITLE): M.D.
22B. ADDRESS: Douglas Ariz.
22C. DATE SIGNED: 3/14/60

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: 3-14-60
25C. NAME OF CEMETERY OR CREMATORY: Southlawn
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: Mar. 15 60
26B. REGISTRAR'S SIGNATURE: Eve Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Brown-Page
27B. ADDRESS: Douglas, Ariz.
28A. EMBALMER'S SIGNATURE: No Embalming
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 3-15-55 — 1 — 15M AMPCO 22509

E OF DEATH AND RESIDENCE
CEDENT PERSONAL DATA
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