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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6180

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 135

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 31 yrs | IN ARIZONA 31 yrs
C. CITY OR TOWN: Douglas — [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): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1311 20th St
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Bryant B. (MIDDLE) A. C. (LAST) Bond
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary
7. DATE OF BIRTH: MONTH 2 DAY 10 YEAR 1914
8. AGE (IN YEARS LAST BIRTHDAY): 46
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): Smelterman
9B. KIND OF BUSINESS OR INDUSTRY: Copper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Miss.
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. 526-09-8647
14A. FATHER'S NAME: Decator Bond
14B. BIRTHPLACE (STATE OR COUNTRY): Miss.
15A. MOTHER'S MAIDEN NAME: Fannie Hickman
15B. BIRTHPLACE (STATE OR COUNTRY): Miss.
16. INFORMANT'S SIGNATURE: Mrs Mary Bond ADDRESS: Douglas, Ariz.
17. DATE OF DEATH: MONTH 8 DAY 28 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) Coronary Thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
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. Gastro-intestinal hemorrhage Previous to heart attack — weeks

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 28, 1960 TO Aug 28, 1960, THAT I LAST SAW THE DECEASED ALIVE ON Aug 28, 1960, AND THAT DEATH OCCURRED AT 2:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Lane W. Ab[illegible] M.
22B. ADDRESS: Douglas Arizona
22C. DATE SIGNED: Aug 31 1960

DEATH DUE TO EXTERNAL VIOLENCE
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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 9-2-60
25C. NAME OF CEMETERY OR CREMATORY: Calvary Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas Ariz.
26A. DATE REC. BY LOCAL REG.: Sept 1 60
26B. REGISTRAR'S SIGNATURE: Eulldamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Gordon Drum
27B. ADDRESS: Douglas
28. EMBALMER'S SIGNATURE: Gordon Drum
28B. EMBALMER'S CERT. NO.: 23 P

FORM VS-7 REV. 3-15-55

27 CE OF DEATH
11 AND 11
AL RESIDENCE
1303
DECEDENT PERSONAL DATA
146
4
860
1201
CAUSE OF DEATH (ITEM 18)
0
0
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR
10
2
13