ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7726

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 149

1. PLACE OF DEATH
A. COUNTY Cochise
B. LENGTH OF STAY IN THIS TOWN 22 yr IN ARIZONA 30 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) Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Cochise
C. CITY OR TOWN Douglas ☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS 1030 7th Street
E. IS RESIDENCE ON A FARM? (IF RURAL, GIVE LOCATION) YES ☐ NO ☑

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) Anderson C. (LAST) Brady
4. SEX m
5. COLOR OR RACE white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
6B. NAME OF SPOUSE Carmen
7. DATE OF BIRTH MONTH 6 DAY 8 YEAR 80
8. AGE (IN YEARS LAST BIRTHDAY) 80 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) RR Clerk
9B. KIND OF BUSINESS OR INDUSTRY RR.
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)
13. SOCIAL SECURITY NO. 700-09-4899
14A. FATHER'S NAME Peter R Brady
14B. BIRTHPLACE (STATE OR COUNTRY) Wash. D.C.
15A. MOTHER'S MAIDEN NAME Maria Antonia Ochoa
15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE Thomas J Brady ADDRESS 4943 Marie Tom Rio El Paso, Tex
17. DATE OF DEATH (MONTH) October (DAY) 15 (YEAR) 1960

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
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Thrombosis
DUE TO (C) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH
(A) 3/1960
(B) 3/1960
(C) ?

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March, 1960 TO 10/15, 1960, THAT I LAST SAW THE DECEASED ALIVE ON 10/14, 1960, AND THAT DEATH OCCURRED AT Bisbee FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE M. Alessi (DEGREE OR TITLE) M.D. 22B. ADDRESS Douglas Ariz 22C. DATE SIGNED 10/17/60

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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE 24B. ADDRESS 24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
25B. DATE 10-17-60
25C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas Ariz
26A. DATE REC'D FOR FILING 10-18-60
26B. REGISTRAR'S SIGNATURE Cecil Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE Gordon Brown
27B. ADDRESS Douglas
28. EMBALMER'S SIGNATURE Gordon Brown
28B. EMBALMER'S CERT. NO. 238

FORM VS-2 REV. 3-15-55 [illegible]1