RIFIED
Punch

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7727

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 140

E OF DEATH AND L RESIDENCE

1. PLACE OF DEATH
A. COUNTY Cochise
B. LENGTH OF STAY IN THIS TOWN 23 yrs IN ARIZONA 23 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) 412 E Ave

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 412 E Ave (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

ECEDENT ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charles B. (MIDDLE) C. (LAST) Dillman
4. SEX M
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Mercedes
7. DATE OF BIRTH MONTH 1 DAY 13 YEAR 1891
8. AGE (IN YEARS LAST BIRTHDAY) 69
IF UNDER 1 YEAR MONTHS DATE
IF UNDER 24 HRS. HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Cowboy
9B. KIND OF BUSINESS OR INDUSTRY Cattle
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE) 1
13. SOCIAL SECURITY NO. 526-30-7224
14A. FATHER'S NAME Peter Dillman
14B. BIRTHPLACE (STATE OR COUNTRY) Pa.
15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY)
16. INFORMANT'S SIGNATURE Mrs Mercedes Dillman ADDRESS Douglas
17. DATE OF DEATH (MONTH) 10 (DAY) 8 (YEAR) 60

CAUSE OF DEATH (ITEM 18)

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis — Unk.
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — 2 mos.

RATIONS, UTOPSY

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

EDICAL IFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug. 1960 TO Death, THAT I LAST SAW THE DECEASED ALIVE ON 10/4/60, 19__, AND THAT DEATH OCCURRED AT 7:15 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) [signature] MD
22B. ADDRESS 720 11th St. Douglas Ariz.
22C. DATE SIGNED 10/10/60

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?

RONER'S IFICATION

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

UNERAL RECTOR AND GISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 10-11-60
25C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.
26A. DATE REC. BY LOCAL REG. Oct. 11/60
26B. REGISTRAR'S SIGNATURE [signature] Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE [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