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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9479

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 193

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 58 yrs IN ARIZONA: 64 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): 803 10th St
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Alice B. (MIDDLE): L. C. (LAST): Washington

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: -
7. DATE OF BIRTH: MONTH 3 DAY 5 YEAR 1880
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: None
14A. FATHER'S NAME: P.C.Lemons
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): -
16. INFORMANT'S SIGNATURE: Mr. R.S.B.Washington ADDRESS: Douglas,Ariz.
17. DATE OF DEATH (MONTH) 12 (DAY) 24 (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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis
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 12/22 19 60 TO 12/24 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 12/24 19 60 AND THAT DEATH OCCURRED AT 1:15 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: R E McDonnell MD (DEGREE OR TITLE)
22B. ADDRESS: Douglas Ariz.
22C. DATE SIGNED: 12/28/60

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?

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12-27-60
25C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas,Ariz.
26A. DATE REC. BY LOCAL REG.: Dec 28/60
26B. REGISTRAR'S SIGNATURE: Euledamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown
27B. ADDRESS: Douglas
28A. EMBALMER'S SIGNATURE: Gordon Brown
28B. EMBALMER'S CERT. NO.: 231

FORM VS-2 REV. 3-15-55 25M AMPCO 28392

CAUSE OF DEATH (ITEM 18) 332X
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