ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 7/2869

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 1 mo — IN ARIZONA: 59 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, Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Elfrida — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Bar O Ranch
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Harry B. (MIDDLE) C. (LAST) Kendall

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widow er
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 4 DAY: 22 YEAR: 81
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ill.
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.:
14A. FATHER'S NAME: Walter Kendall
14B. BIRTHPLACE (STATE OR COUNTRY): Ill.
15A. MOTHER'S MAIDEN NAME: Dora Hibbard
15B. BIRTHPLACE (STATE OR COUNTRY): Ill.
16. INFORMANT'S SIGNATURE: Mrs. Ruth Kendall — ADDRESS: Box 56; Elfrida, Ariz.
17. DATE OF DEATH — (MONTH) 4 (DAY) 4 (YEAR) 61

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) Arteriosclerotic H. Disease with failure — INTERVAL BETWEEN ONSET AND DEATH: 9 months

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 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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 20, 1961 TO 4/4, 1961 THAT I LAST SAW THE DECEASED ALIVE ON 4/3/61, 19__, AND THAT DEATH OCCURRED AT 3:30 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: L. Montgomery M.D. (DEGREE OR TITLE)
22B. ADDRESS: Douglas Ariz
22C. DATE SIGNED: 4/5/61

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: 4-5-61
25C. NAME OF CEMETERY OR CREMATORY: Southlawn Crematorium
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona

26A. DATE REC. BY LOCAL REG.: April 5/61
26B. REGISTRAR'S SIGNATURE: Ou Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Gay
27B. ADDRESS: Douglas, Ariz.
28A. EMBALMER'S SIGNATURE: Curtis Gay
28B. EMBALMER'S CERT. NO.: 321

FORM VS-2 REV. 3-15-55 — 15M AMPCO 82567