

CERTIFICATE OF DEATH

REGISTRAR'S NO. 445

PUNCHED
VERIFIED

BIRTH NO.

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| PLACE OF DEATH AND RESIDENCE | 1. PLACE OF DEATH A. COUNTY NAVAJO | B. LENGTH OF STAY IN THIS TOWN 45yrs IN ARIZONA 45yrs | 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) | |
| | C. CITY OR TOWN HOLBROOK | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | A. STATE ARIZONA | B. COUNTY NAVAJO |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION AT HIS HOME (259 1ST.AVE.) | | C. CITY OR TOWN HOLBROOK | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS |
| | | | D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 259 1ST.AVE. | E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| PRECEDENT PERSONAL DATA | 3. NAME OF DECEASED (TYPE OR PRINT) WILLIAM EDWARD FERGUSON | A. (FIRST) WILLIAM | B. (MIDDLE) EDWARD | C. (LAST) FERGUSON | 4. SEX Male | 5. COLOR OR RACE White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED |
| | 6B. NAME OF SPOUSE LULA A. FERGUSON | 7. DATE OF BIRTH MONTH July DAY 13 YEAR 1884 | 8. AGE (IN YEARS LAST BIRTHDAY) 78yrs. | IF UNDER 1 YEAR MONTHS 3mo. DAYS 28da. | IF UNDER 24 HRS. HOURS MIN. | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) ATTORNEY | |
| | 9B. KIND OF BUSINESS OR INDUSTRY LAW | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) KANSAS | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO NO | 13. SOCIAL SECURITY NO. 526-54-3877 | | |

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| 14A. FATHER'S NAME WILLIAM A. FERGUSON | 14B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN | 15A. MOTHER'S MAIDEN NAME SARAH A. BARKER | 15B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN |
| 16. INFORMANT'S SIGNATURE DELMER FERGUSON | | 806 WEST 11th ST. HOLBROOK, ARIZONA | |
| 17. DATE OF DEATH (MONTH) NOVEMBER (DAY) 11 (YEAR) 1962 | | | |

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| 177X 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | (A) carcinomatosis | | 10yrs. |
| | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. | DUE TO (B) ca of prostate | | 15-20yrs. |
| | II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | DUE TO (C) | | |

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| 18A. DATE OF OPERATION | 18B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1954 , TO Nov 11, 1962 THAT I LAST SAW THE DECEASED ALIVE ON Nov 11, 1962 , AND THAT DEATH OCCURRED AT 11:55 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | 22A. SIGNATURE (DEGREE OR TITLE) Donald D. DeWorland | 22B. ADDRESS HOLBROOK, ARIZONA | 22C. DATE SIGNED NOV. 14, 1962 |
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| 23A. ACCIDENT (SPECIFY) SUICIDE | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | 23C. (CITY OR TOWN) (COUNTY) (STATE) HOLBROOK, ARIZONA |
| 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 23F. HOW DID INJURY OCCUR? |

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| 24A. CORONER'S SIGNATURE | 24B. ADDRESS | 24C. DATE SIGNED |
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| 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 25B. DATE NOV. 14, 1962 | 25C. NAME OF CEMETERY OR CREMATORY HOLBROOK MUNICIPAL CEMETERY | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) HOLBROOK, NAVAJO, ARIZONA |
| 28A. DATE REC. BY LOCAL REG. 11/23/62 | 28B. REGISTRAR'S SIGNATURE Clayton M. Cross | 27A. FILER'S SIGNATURE John R. Adams | 27B. ADDRESS HOLBROOK, ARIZONA |

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| 28A. EMBALMER'S SIGNATURE John R. Adams | 28B. EMBALMER'S CERT. NO. 290 |
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