

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Cochise State: Arizona
District or Township: Douglas or Village:
City: Douglas No: Cochise County St:
2. FULL NAME: J. L. Pearson
(a) Residence No: 1351-21st
Length of residence in city or town where death occurred yrs. mos. ds.
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Not known
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year): 9/0
7. AGE: 72
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Watchman; (b) General nature of industry, business or establishment in which employed (or employer): Various; (c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Not known
10. NAME OF FATHER:
11. BIRTHPLACE OF FATHER (State or country) (city or town):
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or country) (city or town):
14. Informant: Ed Porter (Address): Hospital Records
15. Filed: 7-12-25 Registrar: J. Pearson

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year): 7/9/25 19 25
17. I HEREBY CERTIFY, That I attended deceased from July 7, 19 25 to July 9, 19 25 that I last saw him alive on July 8, 19 25 and that death occurred, on the date stated above, at 2-30 a.m. The CAUSE OF DEATH* was as follows:
Cardio-vascular disease - Chronic mitral insufficiency; Chronic myocarditis; atherosclerosis (duration) ? yrs. mos. ds.
CONTRIBUTORY: Acute dilatation (Secondary) (duration) yrs. mos. 5 ds.
18. Where was disease contracted if not at place of death? #
Did an operation precede death? No Date of:
Was there an autopsy? No
What test confirmed diagnosis? Clinical (Signed) E. W. Anderson M. D. 7/10 19 25 (Address) Douglas Ariz
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Douglas Ariz DATE OF BURIAL: 7/11/25
20. UNDERTAKER: Porter & Amico ADDRESS: Douglas Ariz

MARGIN RESERVED FOR BINDING
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.