

646

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 56  
Registrar's No. 18

1. Place of Death: (a) County Cochise (b) City or Town Douglas (c) Location Douglas Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 5 Days; In Community 27 Years; in Arizona 27 Years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas  
(If outside city limits also write RURAL)  
(d) Street No. 1348 - 14th St (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
3. (a) FULL NAME William Morrison Bouldin (b) If Veteran 950 name w/ 950 Social Security No. None  
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Bessie Bouldin 6. (c) Age of husband 64 yrs.  
or wife, if alive

7. Birthdate of deceased 4 30 1873  
(Month) (Day) (Year)  
8. AGE: Years 69 Months - Days 28 If less than one day  
hrs. min.

9. Birthplace Oak Hill, Clay Co, Kansas  
(City, town or county) (State or Country)

10. Usual Occupation Police Officer

11. Industry or Business \_\_\_\_\_  
12. Name John T Bouldin  
13. Birthplace Chambersburg Ala.  
(City, town or county) (State or Country)

14. Maiden Name Letitia Meade  
15. Birthplace Martinsville, Va  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Johnnie B. Crestani  
(b) Address Box 1176 Sweetwater, Ark

17. (a) Burial, Cremation or Removal Burial  
(b) Place Douglas, Ariz (c) Date 5-30-42

18. (a) Embalmer's Signature Paul B. Bunn 238-A  
(b) Funeral Director Porter & Ames 29-A  
(c) Address Douglas, Arizona

19. (a) May 29-42  
(Date received local Registrar)  
(b) Carl Hanson  
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-28-42, 19\_\_\_\_; TIME (Hour and minute) 4-00AM M.

21. I hereby certify that I attended the deceased from May 23, 1942 to May 28, 1942 that I last saw him alive on May 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Disease with Decompensation

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 45 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ M. D.  
Address Douglas, Arizona 5-29-42