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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 39
Registrar's No. 35

1. Place of Death: (a) County Cochise (b) City or Town Bisbee (If outside city limits also write RURAL) (c) Location C.Q.Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; in Arizona 40 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town St.David (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (yes or No) no
If Yes, which country

3. (a) FULL NAME Lyle V.Tilton (b) If Veteran name war (c) Social Security No.

4. Sex: male
5. Color or Race: white
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Ruth Tilton
6. (c) Age of husband or wife, if alive 51 yrs.
7. Birthdate of deceased March 14th 1885 (Month) (Day) (Year)
8. AGE: Years 59 Months 11 Days 29 If less than one day hrs. min.
9. Birthplace Chaina Illinois (City, town or county) (State or Country)
10. Usual Occupation Repair Man
11. Industry or Business
Father: 12. Name Elbert H.Telton
Father: 13. Birthplace Chaina, Illinois (City, town or county) (State or Country)
Mother: 14. Maiden Name Margaret Williams
Mother: 15. Birthplace Unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Dick W. Tilton
(b) Address St.Davis, Arizona
17. (a) Burial, Cremation or Removal burial
(b) Place St.Davis,Ariz. (c) Date 3-14-45 19
18. (a) Embalmer's Signature James Allison 287-A
(b) Funeral Director James Allison 57-A
(c) Address Bisbee, Arizona
19. (a) Mar. 13. 1945 (Date received local Registrar)
(b) Margaret D. Mahoney (Registrar's Signature) E Ross

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 12, 1945;
TIME (Hour and minute) 5:05 a. M.

21. I hereby certify that I attended the deceased from 3-9, 1945 to 3-12, 1945; that I last saw him alive on 3-12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — DURATION 1 wk
Due to Influenza — 2 wks
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature Hal W Reed M. D.
Address Bisbee Ariz Date signed 3-13-45

20M 100% Rag 8-42 B. Co. County File No. Date Received