

1885

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 47

Registrar's No. 99

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 2 Days; In Community 20 Years; In Arizona 20 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. 953-11th Street; (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME William Frank Thomas (b) If Veteran name war -- (c) Social Security No. NONE

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

6. (b) Name of husband Nannie Thomas 6. (c) Age of husband or wife, if alive 53 yrs.

7. Birthdate of deceased January 1st 1886  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 28 If less than one day hrs. min.

9. Birthplace Galisburg Texas  
(City, town or county) (State or Country)

10. Usual Occupation Rancher - Grocer

11. Industry or Business

12. Name William Thomas

13. Birthplace Unknown  
(City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace Unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Frank L. Thomas

(b) Address 953-11th St. Douglas, Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Douglas, Ariz (c) Date 5-31-45

18. (a) Embalmer's Signature Porter 72-4

(b) Funeral Director Porter & Ames 29-4

(c) Address Douglas, Arizona

19. (a) May 31 - 1945  
(Date received Local Registrar)

(b) E. W. Edmanson  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-29-1945, 19... M.  
TIME (Hour and minute) 5-06AM

21. I hereby certify that I attended the deceased from 5 to May 29, 1945,  
that I last saw him alive on May 29, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Disease

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

2 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? (e) Means of injury

23. Signature [Signature] M. D.  
Address Douglas, Ariz Date signed 5-29-45