2301

State File No. 35
Registrar's No. 159

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location 511 C Ave. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution - (Specify whether years, months or days); In Community 30 yrs.; In Arizona 30 yrs.

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. 511 C. Ave. (e) Citizen of foreign country (Yes or No) No If Yes, which country (b) If Veteran name war (c) Social Security No. 526-24-6504

3. (a) FULL NAME Willis Edmond Mason

4. Sex: Male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Josephine
6. (c) Age of husband or wife, if alive: 33 yrs.
7. Birthdate of deceased: December 23, 1885 (Month) (Day) (Year)
8. AGE: Years 61 Months 8 Days 19 If less than one day hrs. min.
9. Birthplace: Cleburne, Texas (City, town or county) (State or Country)
10. Usual Occupation: Retired Groceman
11. Industry or Business:
Father 12. Name: James V. Mason
13. Birthplace: Mena, Arkansas (City, town or county) (State or Country)
Mother 14. Maiden Name: Nannie Byers
15. Birthplace: Unknown, Texas (City, town or county) (State or Country)
16. (a) Informant's own signature: Chas M Mason
(b) Address: Douglas, Arizona
17. (a) Burial, Cremation or Removal: Burial
(b) Place: Douglas (c) Date: 9-13-47
18. (a) Embalmer's Signature: [illegible]
(b) Funeral Director: Brown-Page
(c) Address: Douglas, Arizona
19. (a) Sept-13-1947 (Date received Local Registrar)
(b) Edw. Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-11-47, 19..
TIME (Hour and minute) 5:30 A. M. M.
21. I hereby certify that I attended the deceased from Sept 11, 1947 to Sept 11, 1947
that I last saw him alive on Sept 11, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION: Short

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 [illegible] M. D. Date signed Sept 13/47
Address

40M—100% Rag—6-45