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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 1464  
Registrar's No. 67

1. Place of Death: (a) County Cochise (b) City or Town Douglas (c) Location 814 13th  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 43 yrs.; In Arizona 43 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Cochise; (c) City or Town Douglas  
(If outside city limits also write RURAL)  
(d) Street No. 814 13th; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME John Reed Bouldin (b) If Veteran name was 92D If Yes, which country \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband William E. Bouldin or wife, if alive 74 yrs.  
6. (c) Age of husband 74 yrs.  
7. Birthdate of deceased June 28, 1867  
(Month) (Day) (Year)  
8. AGE: Years 80 Months 8 Days 13 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ottawa County, Kansas  
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business \_\_\_\_\_

Father { 12. Name John Tyler Bouldin  
13. Birthplace Unknown Alabama  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lititia Meade  
15. Birthplace Martinsville, Virginia  
(City, town or county) (State or Country)

16. (a) Informant's own signature William E. Bouldin  
(b) Address 814 13th, Douglas, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Douglas (c) Date 3-15-48

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director Brown-Page  
(c) Address Douglas, Arizona

19. (a) March 15 - 1948  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) March 12, '48  
TIME (Hour and minute) 1:30 A. M.  
21. I hereby certify that I attended the deceased from Sept. 27, 1944  
to March 12, 1948  
that I last saw him alive on 3/12, 1948,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cholelithiasis  
Due to Arteriosclerotic heart disease  
Due to Cholelithiasis  
Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

DURATION  
20 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]  
Address Douglas, Ariz. Date signed 3/13/48