STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 2592
Registrar's No. 44

1. Place of Death: (a) County Cochise (b) City or Town 4 Mi. West of Tombstone (If outside city limits also write RURAL) (c) Location On Highway #80 (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 5 yrs.; In Arizona 5 yrs. (Specify whether years, months or days)

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

(d) Street No. 526B Tombstone Canyon P.O. Box 113; (e) Citizen of foreign country (Yes or No) No. If Yes, which country

3. (a) FULL NAME Wallace Cammock (b) If veteran, name war World War II (c) Social Security No. 520-03-7029

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Edna M.

6. (c) Age of husband or wife, if alive 28 yrs.

7. Birthdate of deceased Feb. (Month) 26 (Day) 1917 (Year)

8. AGE: Years 31 | Months 2 | Days 5 | If less than one day hrs. min.

9. Birthplace Kline (City, town or county) Montana (State or Country)

10. Usual Occupation Miner

11. Industry or Business Mining

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

Mother
14. Maiden Name Unknown
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Edna Cammock
(b) Address Bisbee, Ariz. Box 113

17. (a) Burial, Cremation or Removal Burial
(b) Place Bisbee, Ariz. (c) Date May 7 1948

18. (a) Embalmer's Signature Hugh Connor 2844
(b) Funeral Director Hubbard Mortuary
(c) Address Bisbee, Ariz.

19. (a) May 6, 1948. (Date received Local Registrar)
(b) Margaret Malaney (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May. 1, 1948;
TIME (Hour and minute) 12:15 P. M.

21. ~~I hereby certify that I attended the deceased from~~ ~~19~~ to ~~19~~;
that I last saw him ~~alive~~ dead on May. 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death massive skull Fracture and Crushed Left ribs and Chest

Due to in automobile accident 4 miles West of Tombstone Arizona on Highway 80 in Cochise County.

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations Arizona.

Of autopsy

DURATION

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) Accident
(b) Date of occurrence May 1st. 12 15 p. m.
(c) Where did injury occur? Tombstone (City or Town) Cochise (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public Highway (Specify type of place)
While at work? no (e) Means of injury as above

23. Signature L T Frazier M. D. Coroner
Address Lowell. Ariz Date signed 5/1/1948

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