

2164

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5449

CERTIFICATE OF DEATH

REGISTRAR'S NO. 174

BIRTH NO.

DEATH D RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. County Cochise		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Douglas		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 20 yrs. 48		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Douglas	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1552 12th			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1552 12th		
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Howard B. (MIDDLE) E. C. (LAST) Ames			4. SEX Male		5. COLOR OR RACE White
	6. MARRIED (NEVER MARRIED) (WIDOWED) (DIVORCED)	7. DATE OF BIRTH MONTH DAY YEAR Feb. 9 1918		8. AGE YEARS MONTHS DAYS 51 9 9		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Funeral Director
	9B. KIND OF BUSINESS OR INDUSTRY On Business	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Conn.	11. CITIZEN OF WHAT COUNTRY? U. S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None
	14A. FATHER'S NAME Bernard Ames		14B. BIRTHPLACE (STATE OR COUNTRY) Ireland	15A. MOTHER'S MAIDEN NAME Julia Doyle		15B. BIRTHPLACE (STATE OR COUNTRY) Ireland
	16. INFORMANT'S SIGNATURE Mrs. Howard E. Ames			ADDRESS 1552 12th Douglas		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 18, 1949
E	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 27 days
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
X	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 24 1949 TO Nov 18 1949. THAT I LAST SAW THE DECEASED ALIVE ON Nov 18 1949. AND THAT DEATH OCCURRED AT 11:55 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Emory E. Torrance M.D.		23B. ADDRESS Douglas, Ariz.		23C. DATE SIGNED Nov 21, 1949	
0	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE November 21, '49	24C. NAME OF CEMETERY OR CREMATORY Calvary	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona		
	25A. DATE REC'D BY LOCAL REG. Nov 21-49	25B. REGISTRAR'S SIGNATURE E. W. Adamson	26. FUNERAL DIRECTOR'S SIGNATURE Curtis Page	ADDRESS Douglas, Ariz. CERT. NO. 321		
1	27. EMBALMER'S SIGNATURE Curtis Page					