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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 1948 STATE FILE NO. 6071
CERTIFICATE OF DEATH

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		REGISTRAR'S NO. 182	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas		B. COCHISE	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 yr. 1 yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Watts Hotel			
IDENTIFICATION DATA	3. NAME OF DECEASED A. (FIRST) Xury B. (MIDDLE) Icalier C. (LAST) Pulliam			4. SEX Male		
	6. MARRIED (TYPE OR PRINT) <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			5. COLOR OR RACE White		
	7. DATE OF BIRTH MONTH DAY YEAR Sept. 9, 1882		8. AGE YEARS MONTHS DAYS 67 3 5		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Bookkeeper	
	9B. KIND OF BUSINESS OR INDUSTRY Self		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U. S.	
CAUSE OF DEATH	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 Xury W. Pulliam		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Ann Eliza Hancock	
	16. INFORMANT'S SIGNATURE Richard Pulliam Douglas, Ariz.		17. DATE OF DEATH MONTH DAY YEAR December 14, 1949		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Epithelioma Skin face ANCECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Carcinomatous 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 10 yrs
OPERATIONS, OPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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)	
DEATH TO FORMAL EVIDENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 49 TO Dec 14 49 AND THAT DEATH OCCURRED AT 8:55P. II FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL PRONER'S SIGNIFICATION	23A. SIGNATURE Ernest E. Royce, M.D.		23B. ADDRESS Douglas, Ariz.		23C. DATE SIGNED 12-15-49	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-16-49		24C. NAME OF CEMETERY OR CREMATORY Calvary	
GENERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona		25A. DATE REC'D BY LOCAL REG. Dec 16/49		25B. REGISTRAR'S SIGNATURE Charles L. Damon	
	26. FUNERAL DIRECTOR'S SIGNATURE Charles Page		26. ADDRESS Douglas, Ariz.		27. EMBALMER'S SIGNATURE Charles Page	