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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 92

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tombstone
C. LENGTH OF STAY IN THIS PLACE: 49 yrs. IN ARIZONA: 69 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tombstone General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tombstone
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2nd & Bruce

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Mary
B. (MIDDLE): Ollie
C. (LAST): Pyeatt

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: ☐ / ☐ / ☐ / ☒

7. DATE OF BIRTH: Month: Oct. Day: 29 Year: 1870

8. AGE: Years: 79 Months: 1 Days: 20

IF UNDER 24 HOURS: Hours: ___ Min.: ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY?: U. S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):

13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: ----------Kelly

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: ----------Davis

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Roland Pyeatt ADDRESS: Elgin Ariz.

17. DATE OF DEATH: (MONTH) December (DAY) 18th (YEAR) 1949

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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Hypocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 mos plus

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hypertensive Heart Disease — 2 yeard plus
also old cerebral hemorrhages with fibrosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): None

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) Tombstone (COUNTY) Cochise (STATE) Arizona

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) None M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?: None

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August 8 19 49 TO Dec 18 19 49 THAT I LAST SAW THE DECEASED ALIVE ON December 17 19 49 AND THAT DEATH OCCURRED AT 5:50 A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Bernard T. Daly M.D.

23B. ADDRESS: Tombstone, Arizona

23C. DATE SIGNED: December 18, 1949

24A. BURIAL / CREMATION / REMOVAL: ☒ / ☐ / ☐

24B. DATE: Dec. 21, 1949

24C. NAME OF CEMETERY OR CREMATORY: Black Oak Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Canelo (near Elgin) Arizona

25A. DATE REC'D BY LOCAL REG.: 12-20-49

25B. REGISTRAR'S SIGNATURE: Margaret J. McCarty

26. FUNERAL DIRECTOR'S SIGNATURE: Hugh Hughes ADDRESS: Bisbee, Arizona

FORM VS 2 REV. 1-1-49