

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
DATE	1. PLACE OF DEATH A. COUNTY Greenlee		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona. B. COUNTY Greenlee
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Duncan		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Duncan
PLACE	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 11 yrs. 135 yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Duncan, Arizona.
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Duncan, Arizona.		
X 1 3 787 7 50	3. NAME OF DECEASED A. (FIRST) Dennis B. (MIDDLE) L. C. (LAST) Childress		4. SEX Male
	5. COLOR OR RACE White		
611X 0 0 1	6. MARRIED - - - - - NEVER MARRIED - - - - - WIDOWED / DIVORCED		7. DATE OF BIRTH MONTH Jan. DAY 23 YEAR 1868
	8. AGE YEARS 87 MONTHS 0 DAYS 23		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Cattle ranching
NS-2 X L E 1	9B. KIND OF BUSINESS OR INDUSTRY Cattle		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas
	11. CITIZEN OF WHAT COUNTRY? United States		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No
1 27 2	14A. FATHER'S NAME O.B.D. Childress		14B. BIRTHPLACE (STATE OR COUNTRY) Alabama
	15A. MOTHER'S MAIDEN NAME Not known		15B. BIRTHPLACE (STATE OR COUNTRY) Not known
16. INFORMANT'S SIGNATURE <i>X.W.H. Childress, Duncan, Ark</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 19 1950	
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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Prostatitis, Cystitis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. none	
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)
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 Jan. 17 19 50 TO Jan. 19 19 50 THAT I LAST SAW THE DECEASED ALIVE ON Jan. 19 19 50 AND THAT DEATH OCCURRED AT 50 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>A. F. Neighbor M.D.</i>		23B. ADDRESS Duncan, Arizona.	
23C. DATE SIGNED Jan. 20, 1950			
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE Jan. 20, 1950	24C. NAME OF CEMETERY OR CREMATORY Duncan Ariz
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Duncan Ariz			
25A. DATE REC'D BY LOCAL REG. Jan 20 1950		25B. REGISTRAR'S SIGNATURE <i>R N Romney</i>	
25C. FUNERAL DIRECTOR'S SIGNATURE <i>W. M. Mellen</i>		25D. ADDRESS Clifton, Ariz 166A	