ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4384

CERTIFICATE OF DEATH

REGISTRAR'S NO. 176-6-

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Kirkland
C. LENGTH OF STAY IN THIS PLACE: 4yrs. IN ARIZONA: 28yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): No Streets there

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Kirkland
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No streets there

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Wilbur B. (MIDDLE) E. C. (LAST) Wilson

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH Apr. DAY 8 YEAR 1868

8. AGE: YEARS 82 MONTHS 4 DAYS 1 IF UNDER 24 HOURS: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: AUTOMOBILE

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tennessee

11. CITIZEN OF WHAT COUNTRY: United States

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.: Unknown

14A. FATHER'S NAME: Unknown Wilson

14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee

15A. MOTHER'S MAIDEN NAME: Unknown

15B. BIRTHPLACE (STATE OR COUNTRY): Unknown

16. INFORMANT'S SIGNATURE: Mrs. Nora Wilson ADDRESS: Kirkland Box #2

17. DATE OF DEATH (MONTH) August (DAY) 9, (YEAR) 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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Bronchitis chronic — 40 yrs
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

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

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

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 25, 1950 TO Aug. 8, 1950 THAT I LAST SAW THE DECEASED ALIVE ON Aug 8, 1950 AND THAT DEATH OCCURRED AT ___ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): J. V. Barnett M.D.

23B. ADDRESS: Prescott, Ariz.

23C. DATE SIGNED: 8.31.50

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: August 12, 1950

24C. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Walnut Grove, Arizona

25A. DATE REC'D BY LOCAL REG.: Aug 31 1950

25B. REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR'S SIGNATURE: Lester Ruffner ADDRESS: 303 S. Cortez

27. EMBALMER'S SIGNATURE: Henry C. Hampton CERT. NO. 308

FORM VS 2 REV. 4-49 15M