

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

35

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE 02 07 38 80 AND 0206 5	1. PLACE OF DEATH A. COUNTY <b>Cochise</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Cochise</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Douglas (Rural)</b>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>30 days 45 yrs</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cochise County Hospital</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

DECEDENT PERSONAL DATA 12/4/15/1	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>George</b> B. (MIDDLE) <b>R.</b> C. (LAST) <b>Franklin</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	
	6. MARRIED . . . . . NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR <b>June 20 1875</b>	8. AGE YEARS MONTHS DAYS <b>75 6 18</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Rancher, Ret.</b>		
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kentucky</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. <b>None</b>	
	14A. FATHER'S NAME <b>Benjamin Franklin</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Kentucky</b>	15A. MOTHER'S MAIDEN NAME <b>Mary Yarbrough</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Kentucky</b>		
	16. INFORMANT'S SIGNATURE <b>County Hospital Records Douglas</b>		ADDRESS <b>Douglas</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>January 8 1951</b>	

CAUSE OF DEATH (ITEM 18) 4721	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 CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS (CHRONIC)</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) <b>SENILITY</b> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>ASTHMA - URINARY TRACT INFECTION</b>		INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY 9	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?

MEDICAL CORONER'S CERTIFICATION 1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>DEC 2 19 50</b> TO <b>JAN 8 19 51</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>JAN 8 19 51</b> AND THAT DEATH OCCURRED AT <b>10:55 PM.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE (DEGREE OR TITLE) <b>D. W. Anderson M.D.</b>		23B. ADDRESS <b>Douglas</b>		23C. DATE SIGNED <b>Jan. 9/51</b>

FUNERAL DIRECTOR AND REGISTRAR 10 2	24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>Jan. 11, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Paradise Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Paradise, Arizona</b>
	25A. DATE REC'D BY LOCAL REG. <b>Jan. 9-1951</b>	25B. REGISTRAR'S SIGNATURE <b>D. W. Anderson</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Page Douglas</b>
		27. EMBALMER'S SIGNATURE <b>Earl A. Burr</b>		329 CERT. NO.