ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 56

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 13

**PLACE OF DEATH AND USUAL RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: 5 yrs
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona B. COUNTY: Cochise
C. CITY OR TOWN: Willcox — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Charles B. (MIDDLE): C. (LAST): Williams
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH — MONTH: March DAY: 9 YEAR: 1896
8. AGE (IN YEARS LAST BIRTHDAY): 56 IF UNDER 1 YEAR — MONTHS: 10 DAYS: 12 IF UNDER 24 HRS. — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: –
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): (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Unk.
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Cochise Co. Hosp. Records; ADDRESS: Douglas, Ariz.
17. DATE OF DEATH (MONTH) January (DAY) 21, (YEAR) 1953

**CAUSE OF DEATH (ITEM 18)**

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 260X
+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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) MYOCARDIAL FAILURE (ACUTE)
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) DIABETES MELLITUS
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

**OPERATIONS, AUTOPSY**

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

**DEATH DUE TO EXTERNAL VIOLENCE**

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?

**MEDICAL OR CORONER'S CERTIFICATION**

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JAN 21, 19 53, TO JAN 21, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON JAN 21, 19 53, AND THAT DEATH OCCURRED AT 10:45 P. M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: E. W. Adamson (DEGREE OR TITLE): M D
23B. ADDRESS: DOUGLAS ARIZ
23C. DATE SIGNED: Jan 22/53

**FUNERAL DIRECTOR AND REGISTRAR**

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 1-22-53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Willcox, Arizona
25A. DATE REC'D BY LOCAL REG.: Jan 22/53
25B. REGISTRAR'S SIGNATURE: E. W. Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Curtis Sage ADDRESS: Douglas, Ariz.
27. EMBALMER'S SIGNATURE: Curtis Sage CERT. NO.: 321

FORM VS 2 REV. 4-15-52