ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 742

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 79

1. PLACE OF DEATH

A. COUNTY: Yavapai

B. LENGTH OF STAY — IN THIS TOWN: 29 Yrs. IN ARIZONA: 29 Yrs.

C. CITY OR TOWN: Prescott — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yavapai County Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Yavapai

C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 143 N. McCormick

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): John B. (MIDDLE): W. C. (LAST): Short

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single

7. DATE OF BIRTH — MONTH: Jan. DAY: 8 YEAR: 1871

8. AGE (IN YEARS LAST BIRTHDAY): 82 — IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS.: HOURS: MIN.:

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

9B. KIND OF BUSINESS OR INDUSTRY

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

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

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. Not Known

14A. FATHER'S NAME: John P. Short

14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas

15A. MOTHER'S MAIDEN NAME: Louisa Annie Brown

15B. BIRTHPLACE (STATE OR COUNTRY): La.

16. INFORMANT'S SIGNATURE — ADDRESS: Yavapai County Hosp. Recds. Prescott, Ariz.

17. DATE OF DEATH — (MONTH): January (DAY): 23 (YEAR): 1953

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4-22-2

+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) Chron. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ 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 1/22, 1953 TO 1/23 1952, THAT I LAST SAW THE DECEASED ALIVE ON 1/22, 1953, AND THAT DEATH OCCURRED AT 6:45 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): J. A. Allen

23B. ADDRESS: Prescott Ariz.

23C. DATE SIGNED: 1/28/53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 1/26/53

24C. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 1/29/53

25B. REGISTRAR'S SIGNATURE: Sefie Purviance Deputy

26. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Thompson Jr. — ADDRESS: Prescott, Ariz

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

FORM VS 2 REV. 4-15-52