ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2268

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 67

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 58 years; IN ARIZONA: 58 years
C. CITY OR TOWN: Bisbee — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Copper Queen Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Bisbee — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Stevenson Ranch - Dixie Canyon

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ALFRED
B. (MIDDLE): GAULT
C. (LAST): STEVENSON

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH — MONTH: Feb. DAY: 24 YEAR: 1877
8. AGE (IN YEARS LAST BIRTHDAY): 76 — 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): Ranching
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Canada
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.: None
14A. FATHER'S NAME: William Stevenson
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Lucinda Fosburgh
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: W. A. Stuart Stevenson — ADDRESS: Bisbee, Arizona
17. DATE OF DEATH — (MONTH): March (DAY): 31 (YEAR): 1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4323
*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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Infectious Heart Disease — Many Years.
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: None.
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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 Dec. 19 50 TO 31 March 19 53, THAT I LAST SAW THE DECEASED ALIVE ON 31 March 19 53, AND THAT DEATH OCCURRED AT 1:10 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: E. B. Jolley — (DEGREE OR TITLE): E.B.Jolley, M.D.
23B. ADDRESS: Bisbee, Arizona
23C. DATE SIGNED: 2 April 1953

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
25A. DATE REC'D BY LOCAL REG.: 4-3-53
25B. REGISTRAR'S SIGNATURE: Margaret J. Malaney
26. FUNERAL DIRECTOR'S SIGNATURE: Hugh Lugan — ADDRESS: Bisbee, Arizona
27. EMBALMER'S SIGNATURE: Hugh Lugan — CERT. NO. 241

FORM VS 2 REV. 4-15-52

OF DEATH 02
AND 53
RESIDENCE
2302
CEDENT 1
RSONAL 1
DATA 76
9
353
CAUSE OF DEATH (ITEM 18) 0 0
RATIONS, UTOPSY 2
DEATH DUE TO TERNAL OLENCE 1 1
EDICAL CORONER'S FICATION 1
NERAL RECTOR AND GISTRAR 08 2 158