ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2271 64

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 1 day IN ARIZONA: 1 year
C. CITY OR TOWN: Elfrida ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): D C Martyr Ranch

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz. B. COUNTY: Cochise
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 814 H Ave

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Glenn B. (MIDDLE): Lee C. (LAST): Chenault

4. SEX: male

5. COLOR OR RACE: colored

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

7. DATE OF BIRTH MONTH: Nov DAY: 22 YEAR: 1899

8. AGE (IN YEARS LAST BIRTHDAY): 54 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): Laborer

9B. KIND OF BUSINESS OR INDUSTRY: Ranch

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): Unknown (IF YES, WAR OR DATES OF SERVICE):

13. SOCIAL SECURITY NO.: unknown

14A. FATHER'S NAME: Unknown

14B. BIRTHPLACE (STATE OR COUNTRY): -

15A. MOTHER'S MAIDEN NAME: Unknown

15B. BIRTHPLACE (STATE OR COUNTRY): -

16. INFORMANT'S SIGNATURE: Operators License ADDRESS:

17. DATE OF DEATH (MONTH): April (DAY): 16 (YEAR): 1953

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4301
+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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

11. 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 Dead when seen TO _____, 19____. THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____. AND THAT DEATH OCCURRED AT app. 4:00 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): George W. Martin, Coroner

23B. ADDRESS: Douglas, Ariz

23C. DATE SIGNED: 4/17/53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 4-21-53

24C. NAME OF CEMETERY OR CREMATORY: Calvary

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz

25A. DATE REC'D BY LOCAL REG.: April 22/53

25B. REGISTRAR'S SIGNATURE: E. W. Adamson

26. FUNERAL DIRECTOR'S SIGNATURE: Foulon Brown ADDRESS: Douglas

27. EMBALMER'S SIGNATURE: Foulon Brown CERT. NO.: 238

FORM VS 2 REV. 4-15-52