ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6434

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 45

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 25yrs; IN ARIZONA: 25yrs
C. CITY OR TOWN: Ajo — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): New Cornelia Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) Larkin C. (LAST) Broom

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: Feb. DAY: 18 YEAR: 1866
8. AGE (IN YEARS LAST BIRTHDAY): 87 — 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): Shoe maker
9B. KIND OF BUSINESS OR INDUSTRY: Self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ark.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): None — (IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO.: 526-30-6680
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Relatives — ADDRESS: Ajo, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Oct. 22, 1953

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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteria-Sclerosis — Several Years
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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 1, 1953, TO Oct 22, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Oct 22, 1953 AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): [illegible] — 22B. ADDRESS: Ajo, Arizona — 22C. DATE SIGNED: 10/24/53

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10-23-53
25C. NAME OF CEMETERY OR CREMATORY: Ajo, Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ajo, Arizona
26A. DATE REC. BY LOCAL REG.: 10/24/53
26B. REGISTRAR'S SIGNATURE: Adelina M. Lobike
27A. FUNERAL DIRECTOR'S SIGNATURE: J. T. McCarthy
27B. ADDRESS: Ajo, Ariz.

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