ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7409

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 91

5 05
E OF DEATH
AND 31
RESIDENCE
X

1. PLACE OF DEATH
A. COUNTY Graham
B. LENGTH OF STAY IN THIS TOWN 73 yrs IN ARIZONA 73 yrs
C. CITY OR TOWN Pima
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1st house E. of intersection

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Graham
C. CITY OR TOWN Pima
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1st house E. of intersection

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Thomas B. (MIDDLE) John C. (LAST) Batty
4. SEX M
5. COLOR OR RACE W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married

CEDENT 1
RSONAL 180
DATA 6

6B. NAME OF SPOUSE Hulda A. Batty
7. DATE OF BIRTH MONTH Dec DAY 7 YEAR 1873
8. AGE (IN YEARS LAST BIRTHDAY) 80
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) Rancher

9B. KIND OF BUSINESS OR INDUSTRY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah
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. —

14A. FATHER'S NAME Thomas W. Batty
14B. BIRTHPLACE (STATE OR COUNTRY) England
15A. MOTHER'S MAIDEN NAME Hannah M. Dodge
15B. BIRTHPLACE (STATE OR COUNTRY) Utah

16. INFORMANT'S SIGNATURE x Walter A Batty
ADDRESS Glenbar Ariz
17. DATE OF DEATH (MONTH) December (DAY) 18, (YEAR) 1953

11 53

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 331 X
‡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) Cerebral hemorrhage
ANTECEDENT CAUSES MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH 4 days. years.

ATIONS, TOPSY 4

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

EATH E TO ERNAL LENCE +

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?

DICAL CORONER'S ICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/9, 1950, TO 12/9, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 12/9, 1953, AND THAT DEATH OCCURRED AT 3:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) John W. Moon MD
23B. ADDRESS Safford, Arizona
23C. DATE SIGNED 12/22/53

IERAL 25
CTOR
ND 2
STRAR
173

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE 12/20/53
24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima Ariz

25A. DATE REC'D BY LOCAL REG. December 20/53.
25B. REGISTRAR'S SIGNATURE J. N. Stratton M.D. Deputy O. H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE W H Caldwell
ADDRESS Safford
27. EMBALMER'S SIGNATURE W H Caldwell
CERT. NO. 291

FORM VS 2 REV. 1-1-53