

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **37**

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| PLACE OF DEATH AND RESIDENCE | 1. PLACE OF DEATH A. COUNTY Cochise | | B. LENGTH OF STAY IN THIS TOWN 10 yrs IN ARIZONA 48 yrs | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Cochise | | | |
| | C. CITY OR TOWN Hereford | | <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Hereford <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | | | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION State of Texas Mine | | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) State of Texas Mine | | | |
| CEDENT PERSONAL DATA | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CHARITY B. (MIDDLE) A. C. (LAST) BONES | | | 4. SEX female | 5. COLOR OR RACE white | | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married | |
| | 6B. NAME OF SPOUSE Perry L. Bones | | 7. DATE OF BIRTH MONTH Apr DAY 1 YEAR 1888 | 8. AGE (IN YEARS LAST BIRTHDAY) 66 | 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) housewife | |
| | 9B. KIND OF BUSINESS OR INDUSTRY home | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. Dakota | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no | | 13. SOCIAL SECURITY NO. none | |
| | 14A. FATHER'S NAME T. J. Sparkes | | 14B. BIRTHPLACE (STATE OR COUNTRY) Minn. | | 15A. MOTHER'S MAIDEN NAME Mary Ann Martin | | 15B. BIRTHPLACE (STATE OR COUNTRY) Mich. | |
| CAUSE OF DEATH (EM 18) | 16. INFORMANT'S SIGNATURE Star Route ADDRESS Terry L. Bones, Hereford, Ari. | | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 10 1954 | | | | |
| | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Cerebral thrombosis | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral thrombosis DUE TO (B) Phlebitis, rt. leg Lobar -Rt. Side DUE TO (C) Pneumonia in Feb. 1954 | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| | II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Hepatitis | | | | | | | |
| OPERATIONS & AUTOPSY | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 17 , 19 53 , TO May 10 , 19 54 , THAT I LAST SAW THE DECEASED ALIVE ON May 9 , 19 54 , AND THAT DEATH OCCURRED AT 6:35 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | |
| MEDICAL CERTIFICATION | 22A. SIGNATURE (DEGREE OR TITLE) W. E. Hensley, D.O. | | | 22B. ADDRESS Warren, Ariz. | | 22C. DATE SIGNED 5-10-54 | | |
| | 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) | | | |
| DEATH DUE TO EXTERNAL VIOLENCE | 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? | | | |
| | 24A. CORONER'S SIGNATURE | | | 24B. ADDRESS | | 24C. DATE SIGNED | | |
| FUNERARY DIRECTOR AND REGISTRAR | 25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | | 25B. DATE May 12, 1954 | | 25C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Ariz. | |
| | 26A. DATE REC. BY LOCAL REG. 5-11-54 | | 26B. REGISTRAR'S SIGNATURE Margaret J. Maloney | | 27A. FUNERAL DIRECTOR'S SIGNATURE Hubbard Montague, Inc. | | 27B. ADDRESS Bisbee, Ariz. | |