ex Campbell

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3989

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 93

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Greenlee — B. LENGTH OF STAY: IN THIS TOWN 5 yrs; IN ARIZONA 40 yrs
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): P H Hosp

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Alexander B. (MIDDLE) C. (LAST) Campbell
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Nellie M Campbell
7. DATE OF BIRTH: MONTH Apr DAY 9 YEAR 1867
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): Mine Operator
9B. KIND OF BUSINESS OR INDUSTRY: Copper Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Scotland
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: (?) Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Scotland
15A. MOTHER'S MAIDEN NAME: (?) Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE: Sarah F Campbell — ADDRESS: Morenci Ariz
17. DATE OF DEATH: (MONTH) July (DAY) 14 (YEAR) 1954

CAUSE OF DEATH (ITEM 18)

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Carcinoma of Tongue — INTERVAL BETWEEN ONSET AND DEATH: 18 months

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.

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-9, 1954, TO 7-14, 1954 THAT I LAST SAW THE DECEASED ALIVE ON 7-14, 1954, AND THAT DEATH OCCURRED AT 3:15 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: B L Stocks (DEGREE OR TITLE) MD
23B. ADDRESS: Box 62 Morenci Ariz
23C. DATE SIGNED: 7-15-54

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 9/14/54
24C. NAME OF CEMETERY OR CREMATORY: Masonic
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Clifton Ariz
25A. DATE REC'D BY LOCAL REG.: JUL 17 1954
25B. REGISTRAR'S SIGNATURE: Guy Strickland
26. FUNERAL DIRECTOR'S SIGNATURE: J P McNeal — ADDRESS: Clifton Ariz
27. EMBALMER'S SIGNATURE: J P McNeal — CERT. NO. 166A

FORM VS 2 REV. 1-1-53