ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 63776

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 215

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 20 yrs; IN ARIZONA 78 yrs
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 950 South Drew

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 950 South Drew

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): William
B. (MIDDLE): Elias
C. (LAST): Johnson

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Deceased
7. DATE OF BIRTH: MONTH 9 DAY 29 YEAR 74
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): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Copper Mines
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY?: United States
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No
(IF YES, WAR OR DATES OF SERVICE): none
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Lorse M. Johnson
14B. BIRTHPLACE (STATE OR COUNTRY): Sweden
15A. MOTHER'S MAIDEN NAME: Hannah Anderson
15B. BIRTHPLACE (STATE OR COUNTRY): Sweden
16. INFORMANT'S SIGNATURE: Mrs. Urilda Sorensen (dau) ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): November 1, 1954

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Silicotuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 12 years
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) pulmonary
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Generalized arterio-sclerosis — 20 years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-20, 1954, TO 11-1, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 11-1, 1954, AND THAT DEATH OCCURRED AT 7:35 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Franklin Lauback (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 11-1-54

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)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

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

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 11-3-54
25C. NAME OF CEMETERY OR CREMATORY: Pima cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona
26A. DATE REC. BY LOCAL REG.: 11-2-54
26B. REGISTRAR'S SIGNATURE: Harold Meldrum, Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary
27B. ADDRESS: Mesa, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 70385

CE OF DEATH 27
H AND 24
AL RESIDENCE X

DECEDENT 1
PERSONAL 3
DATA 180
6
X 54

CAUSE OF DEATH (ITEM 18) 2
2

ERATIONS, AUTOPSY 20

MEDICAL TIFICATION X

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S TIFICATION

UNERAL DIRECTOR AND EGISTRAR 33
2
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