

4654
110

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

09
OF DEATH
AND
RESIDENCE
11
2206

1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 55 yrs IN ARIZONA 55 yrs		2. USUAL RESIDENCE A. STATE Ariz. IF INSTITUTION: RESIDENCE BEFORE ADMISSION Cochise COUNTY	
C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Douglas <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital				D. STREET ADDRESS 1309 21st St (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Fred		B. (MIDDLE)		C. (LAST) Poitz	
6B. NAME OF SPOUSE Josie		7. DATE OF BIRTH MONTH 2 DAY 16 YEAR 1889		8. AGE (IN YEARS LAST BIRTHDAY) 66	
9B. KIND OF BUSINESS OR INDUSTRY Building		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Calif.		11. CITIZEN OF WHAT COUNTRY? U.S.	
14A. FATHER'S NAME Louis Poitz		14B. BIRTHPLACE (STATE OR COUNTRY) Germany		15A. MOTHER'S MAIDEN NAME Teresa Daniels	
16. INFORMANT'S SIGNATURE Hospital records				17. DATE OF DEATH (MONTH) 8 (DAY) 25 (YEAR) 1955	

DECEDENT
PERSONAL
DATA
166
855

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 103X 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.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: 11. OTHER SIGNIFICANT CONDITIONS		MEDICAL CERTIFICATION (A) Carcinoma of the rt. lung DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 8 months
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			
	3. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

CAUSE
OF
DEATH
EM 18)

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED M WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

OPERATIONS,
AUTOPSY
DEATH
INJURY TO
INTERNAL
EVIDENCE

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Apr 1**, 19**55** TO **Aug 24**, 19**55** THAT I LAST SAW THE DECEASED ALIVE ON **Aug 24**, 19**55** AND THAT DEATH OCCURRED AT **6:15 a.m.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Robert Montgomery M.D.		23B. ADDRESS Douglas Ariz		23C. DATE SIGNED 8/25/55	
24A. BURIAL & CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 8-27-55		24C. NAME OF CEMETERY OR CREMATOR Calvary	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas Ariz		25A. DATE REC'D BY LOCAL REG. Aug 30/55		25B. REGISTRAR'S SIGNATURE E. W. Adams	
26. FUNERAL DIRECTOR'S SIGNATURE Paula Brown		27. EMBALMER'S SIGNATURE Paula Brown		ADDRESS Douglas CERT. NO. 288	

GENERAL
DIRECTOR
AND
REGISTRAR
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