

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4

BIRTH NO.

PLACE OF DEATH COUNTY CITY OR TOWN FULL NAME OF HOSPITAL OR INSTITUTION	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 50 yrs. 50 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Cochise County Hospital		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN Douglas		
3. NAME OF DECEASED (TYPE OR PRINT)		A. (FIRST) Josephine		B. (MIDDLE) Poitz		C. (LAST)	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR 10 23 1908		8. AGE (IN YEARS LAST BIRTHDAY) 62		4. SEX Female	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma		11. CITIZEN OF WHAT COUNTRY? U. S.		5. COLOR OR RACE White	
14A. FATHER'S NAME Joe Hildbrand		14B. BIRTHPLACE (STATE OR COUNTRY) Oklahoma		15A. MOTHER'S MAIDEN NAME Willie McDaniels		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widow	
16. INFORMANT'S SIGNATURE Cochise County Hospital Records		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 7, 1957		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Housewife	
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		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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (A) <u>CIRRHOSIS OF LIVER</u> DUE TO (B) <u>ALCOHOLISM [CHRONIC]</u> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	

OPERATIONS, AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>DEC 24, 1956</u> TO <u>JAN 7, 1957</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>JAN 7, 1957</u> AND THAT DEATH OCCURRED AT <u>5:15 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
	25. SIGNATURE <u>E. W. Edmister</u>	22. ADDRESS <u>Douglas, Arizona</u>
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Douglas, Arizona</u>	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M
	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE	24B. ADDRESS
	24C. DATE SIGNED	24D. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 1-12-57	25C. NAME OF CEMETERY OR CREMATORY Calvary	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona
	26A. DATE REC. BY LOCAL REG. Jan 4/57	26B. REGISTRAR'S SIGNATURE <u>E. W. Edmister</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Ray</u>	27B. ADDRESS Douglas, Arizona