

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 805

PLACE OF DEATH AND USUAL RESIDENCE 0206	1. PLACE OF DEATH A. COUNTY <b>Yavapai</b>		B. LENGTH OF STAY IN THIS TOWN <b>51 yrs</b> IN ARIZONA <b>67 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Yavapai</b>				
	C. CITY OR TOWN <b>Prescott</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Humboldt</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
PRECEDENT PERSONAL DATA 179	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Yavapai County Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)				
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Albert</b> B. (MIDDLE) <b>Moulton</b> C. (LAST) <b>Crosby</b>			4. SEX <b>M</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>			
CAUSE OF DEATH ITEM 18	6B. NAME OF SPOUSE <b>Minnie Crosby</b>		7. DATE OF BIRTH MONTH <b>Oct</b> DAY <b>15</b> YEAR <b>1875</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>79</b>	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) <b>Miner</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>California</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>		13. SOCIAL SECURITY NO. <b>526-18-2340</b>
OPERATIONS, AUTOPSY	14A. FATHER'S NAME <b>James Crosby</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Tennessee</b>		15A. MOTHER'S MAIDEN NAME <b>Minnie Lee</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Colorado</b>	
	16. INFORMANT'S SIGNATURE <b>Mr. Edward Crosby, Box 34, Humboldt</b>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>August 14 1955</b>				
MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Coronary thrombosis.</b> DUE TO (B) <b>Chronic myocarditis.</b> DUE TO (C) <b>Arteriosclerosis, senile.</b> II. OTHER SIGNIFICANT CONDITIONS Resolving pneumonia, left chest. Chronic cystitis. Pyelitis.				INTERVAL BETWEEN ONSET AND DEATH		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>July 26</b> , 19 <b>54</b> , TO <b>August 14</b> , 19 <b>55</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>August 13</b> , 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>1:20 A</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				22A. SIGNATURE (DEGREE OR TITLE) <b>M. D.</b>			22B. ADDRESS <b>Prescott, Arizona</b>	22C. DATE SIGNED <b>8-16-55</b>
	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)				
CORONER'S CERTIFICATION	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		
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>8/17/55</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Mt. View Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Prescott, Arizona</b>		
	26A. DATE REC. BY LOCAL REG. <b>8/23/55</b>		26B. REGISTRAR'S SIGNATURE <b>Amanda Johnson</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>L. W. Buffum</b>		27B. ADDRESS <b>Prescott, Arizona</b>		