

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

805

PLACE OF DEATH AND USUAL RESIDENCE 0206	1. PLACE OF DEATH A. COUNTY Yavapai		B. LENGTH OF STAY IN THIS TOWN 51 yrs IN ARIZONA 67 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yavapai		
	C. CITY OR TOWN Prescott		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Humboldt <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION Yavapai County Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)			
PRECEDENT PERSONAL DATA 179	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Albert B. (MIDDLE) Moulton C. (LAST) Crosby			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE Minnie Crosby		7. DATE OF BIRTH MONTH Oct DAY 15 YEAR 1875	8. AGE (IN YEARS LAST BIRTHDAY) 79	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
855	9B. KIND OF BUSINESS OR INDUSTRY Mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. 526-18-2340	
	14A. FATHER'S NAME James Crosby		14B. BIRTHPLACE (STATE OR COUNTRY) Tennessee	15A. MOTHER'S MAIDEN NAME Minnie Lee		15B. BIRTHPLACE (STATE OR COUNTRY) Colorado	
16. INFORMANT'S SIGNATURE Mr. Edward Crosby, Box 34, Humboldt			17. DATE OF DEATH MONTH August DAY 14 YEAR 1955				
CAUSE OF DEATH ITEM 18	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) Coronary thrombosis. DUE TO (B) Chronic myocarditis. DUE TO (C) Arteriosclerosis, senile. II. OTHER SIGNIFICANT CONDITIONS Resolving pneumonia, left chest. Chronic cystitis. Pyelitis.						
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 26 , 19 54 , TO August 14 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON August 13 , 19 55 , AND THAT DEATH OCCURRED AT 1:20 A . M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE <i>[Signature]</i> M. D.			22B. ADDRESS Prescott, Arizona		22C. DATE SIGNED 8-16-55	
DEATH DUE TO EXTERNAL VIOLENCE	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 (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	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 8/17/55	25C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Arizona	
FUNERAL DIRECTOR AND REGISTRAR 167	26A. DATE REC. BY LOCAL REG. 8/23/55		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		
					27B. ADDRESS Prescott, Arizona		