

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1118

CERTIFICATE OF DEATH

REGISTRAR'S NO.

51

BIRTH NO.

02 02
CE OF DEATH
3 AND 13
AL RESIDENCE
0206

DECEDENT
PERSONAL
DATA 170
0
31-y

1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 4 mos IN ARIZONA 70 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise	
C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tombstone <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Cochise County Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Box 606	
3. NAME OF DECEASED A. (FIRST) WILLIAM (TYPE OR PRINT)		B. (MIDDLE) ALBERT		C. (LAST) TYLER	
4. SEX male		5. COLOR OR RACE white			
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		7. DATE OF BIRTH MONTH DAY YEAR Mar. 14 1884		8. AGE (IN YEARS) (LAST BIRTHDAY) 70	
9A. KIND OF BUSINESS OR INDUSTRY Police		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.	
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. 526-44-0958		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Sheriff's Deputy	
14A. FATHER'S NAME John C. Tyler		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Minerva Whipple	
16. INFORMANT'S SIGNATURE Dona Tyler.		ADDRESS Box 606 Tombstone, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 14 1954	

CAUSE
OF
DEATH
ITEM 181

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE, FOR (A), (B), (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) CARCINOMA OF ESOPHAGUS 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUODENAL ULCER		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"/>		

OPERATIONS,
AUTOPSY
DEATH
DUE TO
(FATAL)
INJURY

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

MEDICAL
R CORONER'S
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM NOV 27, 1953 TO MAR 14, 1954. THAT I LAST SAW THE DECEASED ALIVE ON MAR 14, 1954, AND THAT DEATH OCCURRED AT 3:45 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE E.W. Adamson	22B. ADDRESS DOUGLAS ARIZ
22C. DATE SIGNED 3/16/54	

JNERAL
RECTOR
AND
GISTRAR

24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Mar. 14, 1954		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bisbee, Ariz.		25A. DATE REC'D BY LOCAL REG. MAR. 16/54		25B. REGISTRAR'S SIGNATURE E.W. Adamson	
25C. FUNERAL DIRECTOR'S SIGNATURE Hubbard Mortuary		25D. ADDRESS Bisbee, Ariz.		25E. CERT. NO. 358-A	