ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 67

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Miami
C. LENGTH OF STAY IN THIS PLACE: 14 years | IN ARIZONA: 25 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Miami Hosp. Hosp...

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY:
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Miami
D. STREET / ADDRESS (IF RURAL, GIVE LOCATION): Box 13 RR#1

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) BERT B. (MIDDLE) — C. (LAST) RICHIE

4. SEX: M

5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: Married

7. DATE OF BIRTH: MONTH: Aug. DAY: 4 YEAR: 1893

8. AGE: YEARS: 58 MONTHS: 4 DAYS: 25

IF UNDER 24 HOURS: HOURS: — MIN: —

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): miner

9B. KIND OF BUSINESS OR INDUSTRY: mine Office

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Colo.

11. CITIZEN OF WHAT COUNTRY?: American

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): War I

13. SOCIAL SECURITY NO.: 526-03-9416

14A. FATHER'S NAME: John Richie

14B. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wales

15A. MOTHER'S MAIDEN NAME: Catherine McGinnar

15B. BIRTHPLACE (STATE OR COUNTRY): Colo.

16. INFORMANT'S SIGNATURE: Mrs Beatrice Richie ADDRESS: Miami Arizona

17. DATE OF DEATH (MONTH): January (DAY): 2 (YEAR): 1952

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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Acute Decompensation (Cardiac)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Pulmonary Emphysema
DUE TO (c) Silicosis 3rd Stage

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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):

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 18, 1951 TO Jan 2, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Jan 2, 1952 AND THAT DEATH OCCURRED AT 11:35 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE):

23B. ADDRESS: Miami Ariz.

23C. DATE SIGNED: Jan. 5, 1952

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: Jan. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Ariz.

25A. DATE REC'D BY LOCAL REG.: Jan. 4 1952

25B. REGISTRAR'S SIGNATURE: Alson S Boyton

26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS:

27. EMBALMER'S SIGNATURE:

CERT. NO. 2448

650206

FORM VS 2 REV. 8-50 20M