ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1111

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 13

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Mohave
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Chloride
C. LENGTH OF STAY IN THIS PLACE: 56yrs; IN ARIZONA: 56yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gladstone Mine 10 mi. so Chloride

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Mohave
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Chloride, Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Thomas B. (MIDDLE) (None) C. (LAST) Smith
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH: MONTH Nov. DAY 18 YEAR 1888
8. AGE: YEARS 63 MONTHS 5 DAYS 4 IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Mining
9B. KIND OF BUSINESS OR INDUSTRY: Miner - Ore
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 526-09-2360
14A. FATHER'S NAME: Thomas Smith
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Bessie Wills
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs Thomas Smith ADDRESS: Chloride, Ariz
17. DATE OF DEATH: Feb. (MONTH) 22 (DAY) 1952 (YEAR)

CAUSE OF DEATH (ITEM 18)

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) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 5-10 min.
Crushed thorax
DUE TO (b) Internal injuries
DUE TO (c)

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Gladstone Mine
21C. (CITY OR TOWN) (COUNTY) (STATE): Chloride, Mohave, Ariz
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Feb 22 1952 10 AM
21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Plank on gallows frame broke - fell into shaft about 60 feet.

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 22 1952 TO Feb 22 1952 THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__ AND THAT DEATH OCCURRED AT About 10:00 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Arthur C. Arnold (DEGREE OR TITLE) M.D.
23B. ADDRESS: Kingman
23C. DATE SIGNED: 2/25/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Feb. 26-1952
24C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman, Ariz
25A. DATE REC'D BY LOCAL REG.: 2-26-52
25B. REGISTRAR'S SIGNATURE: Hazel M. Miller
26. FUNERAL DIRECTOR'S SIGNATURE: Floyd H. Chukenbeard ADDRESS: Kingman
27. EMBALMER'S SIGNATURE: William H. Peck CERT. NO. 265A

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FORM VS 2 REV. 8-50 20M