

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

AGE OF DEATH 84 BAND 98 RESIDENCE 3	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE A. STATE Arizona		5. COLOR OR RACE White	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Young		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Young		D. STREET ADDRESS No St. No.	
DECEDENT PERSONAL DATA 146 4 752	3. NAME OF DECEASED (TYPE OR PRINT) Earl Oliver Raam		4. SEX Male		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Building Painter	
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR April 6 1908		8. AGE YEARS MONTHS DAYS 46 3 1	
9B. KIND OF BUSI- NESS OR INDUSTRY Building		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota		11. CITIZEN OF WHAT COUNTRY? U.S.		
14A. FATHER'S NAME John O. Raam		14B. STATE OR COUNTRY Minnesota		15A. MOTHER'S MAIDEN NAME Hannah Christian		
16. INFORMANT'S SIGNATURE <i>[Signature]</i>		17. DATE OF DEATH MONTH DAY YEAR July 7 1952		18. SOCIAL SECURITY NO. 501-03-8190		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (a), (b), (c). 983 X		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocardial Failure, acute		INTERVAL BETWEEN ONSET AND DEATH		
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH.		2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b). Coronary insufficiency				
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Concussion of Brain		DUE TO (c)				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT HOMICIDE SUICIDE INJURY		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Valley Store & Saloon		21C. (CITY OR TOWN) Young Gila Ariz		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) July 6 1952 P. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Beating fought and kicked		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>[Signature]</i>		23C. DATE SIGNED July 7 1952		
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE July 11, 1952		24C. NAME OF CEMETERY OR CREMATORY Memorial Hospital		
25A. DATE REC'D BY LOCAL REG. July 11, 1952		25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25C. ADDRESS Memorial Hospital		
26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27. REGISTRAR'S SIGNATURE <i>[Signature]</i>		CERT. NO. 504246		