

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		REGISTRAR'S NO. <u>5</u>	
ICE OF DEATH AND RESIDENCE		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		IF INSTITUTION: B. COUNTY <u>Gila</u>	
DECEDENT PERSONAL DATA		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>		D. STREET ADDRESS <u>126 Haskins Road</u>		(IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED TYPE OR PRINT		A. (FIRST) <u>James</u>		B. (MIDDLE) <u>Henry</u>		C. (LAST) <u>Medlin</u>	
4. SEX		5. COLOR OR RACE		6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> <u>Oct 3 1974</u>		7. DATE OF BIRTH MONTH <u>10</u> DAY <u>3</u> YEAR <u>1874</u>	
8. AGE		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) [IF YES, WAR OR DATES OF SERVICE]		13. SOCIAL SECURITY NO. (UNKNOWN)		14. BIRTHPLACE (STATE OR COUNTRY)		15. A. MOTHER'S MAIDEN NAME	
16. INFORMANT'S SIGNATURE <u>Calvera Medina Medina Gila Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 20, 1952 at 5:10 a.m.</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>5230</u> ↑ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE COMPLICATED.		19. DATE OF OPERATION	
20. AUTOPSY?		21. ACCIDENT SUICIDE HOMICIDE		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 19 1952</u> AND THAT DEATH OCCURRED AT <u>10 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED <u>10/20/52</u>	
24. BIRTHPLACE (STATE OR COUNTRY)		25. ADDRESS		26. ADDRESS		27. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Havelle</u>	
28. DATE REC'D BY LOCAL REG.		29. REGISTRAR'S SIGNATURE <u>James Havelle</u>		30. DATE REC'D BY LOCAL REG.		31. EMBALMER'S SIGNATURE <u>John J. Havelle</u>	
32. DATE REC'D BY LOCAL REG.		33. REGISTRAR'S SIGNATURE		34. DATE REC'D BY LOCAL REG.		35. EMBALMER'S SIGNATURE	

04
19
1281

DECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

DEATH
DUE TO
EXTERNAL
VIOLENCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

5070610-23-52

325