

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6275

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 20

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Arizona. B. COUNTY Gila

B. LENGTH OF STAY IN THIS TOWN IN ARIZONA
6 Mos. 77 Yrs.

C. CITY OR TOWN Claypool
D. STREET ADDRESS No Number Broad St. Claypool

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)
Gila General Hospital

5. COLOR OR RACE
White

3. NAME OF DECEASED (FIRST) (MIDDLE) (LAST)
Joseph Henry Mc. Alister

4. SEX
Male

7. DATE OF BIRTH (MONTH) (DAY) (YEAR)
Jan 19 1873

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

10. BIRTHPLACE (STATE) (COUNTRY)
Kansas U.S.

12. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
No

14A. FATHER'S NAME
Merritt Mc. Alister

13. SOCIAL SECURITY NO.
None

16. INFORMANT'S SIGNATURE
x Merrill McAlister

15A. MOTHER'S MAIDEN NAME
Sarah Ann Rector

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).)
X52

17. DATE OF DEATH (MONTH) (DAY) (YEAR)
Nov. 21, 1952

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Doubtful metastatic cancer through lungs & liver, primary among metastatic due to (B) heart hypertrophy. heart hypertrophy.
2. ANTECEDENT CAUSES
3. MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
5. PLACE DISEASE CONTRACTED.
6. DATE OF OPERATION
7. MAJOR FINDINGS OF OPERATION

15B. BIRTHPLACE (STATE OR COUNTRY)
Indiana.

19A. DATE OF OPERATION (SPECIFY)
None

20. AUTOPSY?
YES (COUNTY) (STATE)

21A. ACCIDENT SUICIDE HOMICIDE

21B. PLACE OF INJURY (S., N., E., OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
None

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)
None

21F. HOW DID INJURY OCCUR
None

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 16 1952 TO Nov. 21, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Nov. 21, 1952, AND THAT DEATH OCCURRED AT 3:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23B. ADDRESS (DEGREE OR TITLE)
243 S. 2nd St. Gila, Ariz

24A. BURIAL (REMOVAL) (CREMATION)
None

24C. NAME OF CEMETERY OR CREMATORY
Pinal Cemetery

25A. DATE REC'D BY LOCAL REG.
12-1-52

26. FUNERAL DIRECTOR'S SIGNATURE
M. J. ...

27. REGISTRAR'S SIGNATURE
Frank Lawrence

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Miami, Arizona.

28. REGISTRAR'S SIGNATURE
Frank Lawrence

23C. DATE SIGNED
Nov. 24, 1952