

CERTIFICATE OF DEATH

74 04 AGE OF DEATH 19 AND 19 DUAL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Pima</u> C. CITY OR TOWN <u>Blake</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>17 yrs</u>   <u>17 yrs</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> C. CITY OR TOWN <u>Blake</u>		REGISTRAR'S NO. <u>19</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS AND CITY AND STATE) <u>158 North Cant street</u>		D. STREET ADDRESS <u>158 North Cant street</u>		E. RURAL, GIVE LOCATION		5. COLOR OR RACE <u>white</u>		
3. NAME OF DECEASED (TYPE OR PRINT) <u>Edward O'Neal</u>		B. (MIDDLE)		A. SEX <u>male</u>		13. SOCIAL SECURITY NO. (IF KNOWN)		15. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>	
6. HARRIED, NEVER HARRIED, WIDDED, DIVORCED (SPECIFY) <u>married</u>		DATE OF BIRTH MONTH <u>July</u> DAY <u>25</u> YEAR <u>1883</u>		B. AGE (IN YEARS) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS <u>2</u> HOURS <u>XX</u> MIN. <u>XX</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>ret. mach. clerk</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>ret. mach. clerk, Blaine, Ill. U. S. A.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Illinois U. S. A.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>		15A. MOTHER'S MAIDEN NAME <u>Frances Butler</u>	
14A. FATHER'S NAME <u>John O'Neal</u>		15B. INFORMANT'S SIGNATURE <u>Frances Butler</u>		17. DATE OF DEATH <u>November 27-1952 at 6 a.m.</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>Emphysema</u> <u>Silicosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>	
CAUSE OF DEATH (ITEM 18)		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY		21A. ACCIDENT (SPECIFY) <u>suicide</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (STATE)		21F. HOW DID INJURY OCCUR?	
DEATH DUE TO EXTERNAL VIOLENCE		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) <u>Nov 27 1952</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. 1. HEREBY CERTIFY THAT I ATTEMPTED THE DECEASED FROM <u>Nov 26 1952</u> TO <u>Nov 27 1952</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov 26 1952</u> AND THAT DEATH OCCURRED AT <u>6:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED <u>11-27-52</u>	
MEDICAL OR CORONERS' CERTIFICATION		22. SIGNATURE <u>Walter J. Foster, M.D.</u>		23B. ADDRESS <u>Blake</u>		24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Nov. 28, 1952</u>	
FUNERAL DIRECTOR AND REGISTRAR		24C. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Blaine, Illinois</u>		25A. DATE REC'D BY LOCAL REG. <u>11-27-52</u>		25B. REGISTRAR'S SIGNATURE <u>Dana Mauer</u>	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR'S SIGNATURE <u>John James Mackey</u>		27. EMBALLER'S SIGNATURE <u>John James Mackey</u>		ADDRESS <u>Blaine, Illinois</u> CERT. NO. <u>#323</u>	