

CERTIFICATE OF DEATH

BIRTH NO. 04		REGISTRAR'S NO. 674	
PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE A. STATE Arizona	
C. CITY OR TOWN Miami (Rural)		C. CITY OR TOWN Miami (Rural)	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS, AND LOCATION IN INSTITUTION No. 1 Elam St.)		D. STREET ADDRESS No. 1. Elam St. Lower Miami	
3. NAME OF A. (FIRST) Elmer		4. SEX Male	
B. (MIDDLE) Glen		5. COLOR OR RACE White	
6. HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY) Married		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) CO-OWNER	
7. DATE OF BIRTH MONTH DAY YEAR May 5 1908		9B. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS. LAST BIRTHDAY) MONTHS 49 yrs.	
8. KIND OF BUSINESS OR INDUSTRY Billiard Room Kansas		12. WAS DECREASED EVER IN U. S. ARMED FORCES (YES, NO OR UNKNOWN (IF YEAR, WAR OR DATES OF SERVICE)) No	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.		13. SOCIAL SECURITY NO. 564-18-2721	
14A. FATHER'S NAME Elmer Oldfather		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio	
16. INFORMANT'S SIGNATURE & Address of Elmer Oldfather Miami, Ariz.		17. DATE (MONTH) (DAY) OF DEATH Oct. 4, 1952	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 423X *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 CONTINUED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Cardiac Decompensation 2. DUE TO (B) Hypertension and cardio vascular pathology 3. DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (S. E. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTEMPTED THE DECEASED FROM Oct 51 to Oct 4 1952 THAT I LAST SAW THE DECEASED IMMEDIATELY AFTER DEATH ON Oct 4 1952		23B. ADDRESS Miami Arizona	
23A. SIGNATURE Elmer Oldfather		23C. DATE SIGNED Oct 20 1952	
24A. BURIAL <input type="checkbox"/> CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Oct. 7, 1952	
24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
25A. DATE REC'D BY LOCAL REG. Oct 20 1952		25B. REGISTRAR'S SIGNATURE	
25C. REGISTRAR'S SIGNATURE		25D. FURNERAL DIRECTOR'S SIGNATURE	
25E. SIGNATURE		25F. SIGNATURE	
25G. SIGNATURE		25H. SIGNATURE	
25I. SIGNATURE		25J. SIGNATURE	
25K. SIGNATURE		25L. SIGNATURE	
25M. SIGNATURE		25N. SIGNATURE	
25O. SIGNATURE		25P. SIGNATURE	
25Q. SIGNATURE		25R. SIGNATURE	
25S. SIGNATURE		25T. SIGNATURE	
25U. SIGNATURE		25V. SIGNATURE	
25W. SIGNATURE		25X. SIGNATURE	
25Y. SIGNATURE		25Z. SIGNATURE	
26. FURNERAL DIRECTOR'S SIGNATURE		ADDRESS	
27. REGISTRAR'S SIGNATURE		CERT. NO.	
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