

CERTIFICATE OF DEATH

REGISTRAR'S NO. *602*

BIRTH NO.

OF DEATH  
AND  
RESIDENCE

IDENT  
SONAL  
ATA

CAUSE  
OF  
DEATH

OPERATIONS,  
TOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

OPERATOR'S  
CERTIFICATIONS

GENERAL  
DIRECTOR

AND  
REGISTRAR

1. PLACE OF DEATH A. COUNTY <i>Gila</i>		B. LENGTH OF STAY IN THIS TOWN <i>30 Yrs</i> IN ARIZONA <i>Life</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>			
C. CITY OR TOWN <i>Miami</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Miami</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <i>Miami-Superior Hwy</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Miami-Superior Hwy.</i>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>John</i> B. (MIDDLE) C. (LAST) <i>McMurren</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Divorced</i>		
6B. NAME OF SPOUSE <i>None</i>		7. DATE OF BIRTH MONTH <i>Sept</i> DAY <i>5</i> YEAR <i>1883</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>71 Yrs.</i>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Laborer</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>Copper Mine</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Arizona</i>	11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>	13. SOCIAL SECURITY NO. <i>526-09-4456</i>			
14A. FATHER'S NAME <i>Unknown</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>	15A. MOTHER'S MAIDEN NAME <i>Unknown</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>		
16. INFORMANT'S SIGNATURE <i>Welfare Files</i>			ADDRESS <i>Globe, Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan. 4, 1955</i>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
<i>REMATION in Home</i>		<i>(A) REMATION in Home</i>				<i>immediate</i>	
		<i>DUE TO (B) none known</i>					
		<i>DUE TO (C) none known</i>					
		<i>none known except for destroyed</i>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<i>after death</i>				<i>Home</i>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DAY STATED ABOVE.							
22A. SIGNATURE <i>Walter D. Grayton</i>			(DEGREE OR TITLE) <i>W.D.</i>		22B. ADDRESS <i>Miami, Ariz</i>		22C. DATE SIGNED <i>Jan 10 1955</i>
23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE <i>Accident</i>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>fire in home</i>		23C. (CITY OR TOWN) (COUNTY) (STATE) <i>1 mile from Miami Gila State</i>			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>Jan. 4 1955 a.m.</i>			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE <i>John Carpenter</i>				24B. ADDRESS <i>Miami - Arizona</i>		24C. DATE SIGNED <i>1-11-55</i>	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>Jan. 8, 1955</i>		25C. NAME OF CEMETERY OR CREMATORY <i>Final Cemetery</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami, Arizona.</i>	
26A. DATE REC. BY LOCAL REG. <i>1/11/55</i>		26B. REGISTRAR'S SIGNATURE <i>Raula Gonzales Deputy</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>J. H. Miller</i>		27B. ADDRESS <i>Miami, Ariz</i>	