

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

27  
OF DEATH  
AND  
98  
RESIDENCE

7  
CEDENT  
PERSONAL  
DATA 178

7  
155

CAUSE  
OF  
DEATH  
(EM 18)

OPERATIONS,  
AUTOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

GENERAL  
REGISTRAR  
AND  
140

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>10 Yrs.</b> IN ARIZONA <b>40 Yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>		
C. CITY OR TOWN <b>Morristown</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Morristown</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>At Home. Box 83</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Box 83</b>		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Iva</b> B. (MIDDLE) <b>M.</b> C. (LAST) <b>Bryant</b>			4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
6B. NAME OF SPOUSE <b>John H. Bryant</b>		7. DATE OF BIRTH MONTH <b>April</b> DAY <b>26</b> YEAR <b>1876</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>78</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Housewife</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Iowa</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO.
14A. FATHER'S NAME <b>Adam Miller</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>	15A. MOTHER'S MAIDEN NAME <b>Unk.</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>	
16. INFORMANT'S SIGNATURE <b>John H. Bryant</b>			ADDRESS <b>Box 83, Morristown, Arizona.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Jan. 15 1955</b>
18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE (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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) <b>Coronary occlusion</b> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ <b>1:00 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <b>F. A. Shuman M.D.</b>			22B. ADDRESS <b>Wickenburg Ariz.</b>		22C. DATE SIGNED <b>1/17/55</b>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. CITY OR TOWN (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE <b>R. L. Wital, Coroner</b>			24B. ADDRESS <b>Box 794 Wickenburg</b>		24C. DATE SIGNED <b>1/31/55</b>	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>1-19-55</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Wickenburg</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Wickenburg Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>1/29/55</b>		26B. REGISTRAR'S SIGNATURE <b>J. H. Wheeler</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>H. L. Coffinger</b>		27B. ADDRESS <b>Wickenburg Ariz.</b>