

CERTIFICATE OF DEATH

REGISTRAR'S NO. 7

DEATH ID SIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>30 Yrs</u> IN ARIZONA <u>37 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. 8 Hill St.</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>No 8 Hill St. (Lower Miami)</u>		
ENT NAL A/85 7 755	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Eliza</u> B. (MIDDLE) <u>H.</u> C. (LAST) <u>Freeman</u>		4. SEX <u>Fem.</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>		
	6B. NAME OF SPOUSE <u>Deceased</u>		7. DATE OF BIRTH MONTH <u>5</u> DAY <u>23</u> YEAR <u>1869</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>85 Yrs.</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>	
14A. FATHER'S NAME <u>James M. Hoover</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	
16. INFORMANT'S SIGNATURE <u>J. M. Freeman</u>			ADDRESS <u>Florence Ariz.</u>		17. DATE OF DEATH (MONTH) <u>Feb.</u> (DAY) <u>8,</u> (YEAR) <u>1955</u>		
SE H 18) 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (1), (2), (3). <u>4 (a), 2 (b), 2 (c).</u> ‡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: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>(A) Cardiac Insufficiency (Dead when seen.)</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <u>Rigor mortis had set in probably about 36 hrs. before being seen</u>			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 _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
HEATH UE TO FERNAL LENCE	22A. SIGNATURE <u>R.S. Messman M.D.</u>		22B. ADDRESS <u>Miami Ariz.</u>		22C. DATE SIGNED <u>2-8-55</u>		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>NATURAL CAUSE</u> (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Miami Ariz.</u>		
	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?		
ER'S TIONS	24A. CORONER'S SIGNATURE <u>John Carpenter</u>			24B. ADDRESS <u>Miami</u>		24C. DATE SIGNED <u>2-11-55</u>	
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Feb. 10, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Florence</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Florence, Arizona.</u>
	26A. DATE REC. BY LOCAL REG. <u>2/10/55</u>		26B. REGISTRAR'S SIGNATURE <u>Paula Goulet, Deputy</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>[Address]</u>