

CERTIFICATE OF DEATH

REGISTRAR'S NO. 11

BIRTH NO.

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>14 Yrs</b> IN ARIZONA <b>14 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN <b>Miami</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>Arizona</b>		B. COUNTY <b>Gila</b>
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>34 1/2 Cottonwood St.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>34 1/2 Cottonwood (Claypool)</b>		

IDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Opal</b> B. (MIDDLE) <b>Necosha</b> C. (LAST) <b>Pitts</b>			4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
	6B. NAME OF SPOUSE <b>Ralph</b>		7. DATE OF BIRTH MONTH <b>5</b> DAY <b>30</b> YEAR <b>1915</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>39 Yrs.</b>	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) <b>Housewife</b>
	9B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oklahoma</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. <b>Unknown</b>		

14A. FATHER'S NAME <b>James Carson</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Kansas</b>	15A. MOTHER'S MAIDEN NAME <b>Lillie Mae Rose</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>
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16. INFORMANT'S SIGNATURE <i>Evelyn E. Lepton</i>	ADDRESS <i>Los Angeles Cal</i>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>March 11, 1955</b>
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CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONE OF THE CAUSE PER LINE FOR (A), (B), (C). <b>ASX</b>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>(A) Gunshot wounds</b>		INTERVAL BETWEEN ONSET AND DEATH <b>none</b>
	‡ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>none</b> 19__ TO <b>none</b> 19__, THAT I LAST SAW THE DECEASED ALIVE ON <b>none</b> 19__, AND THAT DEATH OCCURRED AT <b>10 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE (DEGREE OR TITLE) <i>Ed Collopy MD</i>	22B. ADDRESS <b>Miami, Arizona Baker 3</b>	22C. DATE SIGNED <b>3-15-55</b>

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>Homicide</b>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>In Home</b>	23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Claypool Gila Ariz</b>
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 <i>John Carpenter</i>	24B. ADDRESS <b>Miami</b>	24C. DATE SIGNED <b>3-17-55</b>
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>Mar. 16, 1955</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>
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26A. DATE REC. BY LOCAL REG. <b>3/21/55</b>	26B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Miller</i>	27B. ADDRESS
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