

CERTIFICATE OF DEATH

REGISTRAR'S NO. 10

BIRTH NO.

04 OF DEATH AND 71 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>14 Yrs</u> IN ARIZONA <u>14 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 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <u>34 1/2 Cottonwood St.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>34 1/2 Cottonwood St. (Claypool)</u>		

1 DECEDENT	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Ralph</u> B. (MIDDLE) <u>M.</u> C. (LAST) <u>Pitts</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
	6B. NAME OF SPOUSE <u>Opal Necosha</u>		7. DATE OF BIRTH MONTH <u>9</u> DAY <u>25</u> YEAR <u>1910</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>44 Yrs.</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____

44 PERSONAL DATA	9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arkansas</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>447-16-0620</u>
	14A. FATHER'S NAME <u>Richard Pitts</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Georgia</u>	15A. MOTHER'S MAIDEN NAME <u>Eula Marler</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>	

4 355	16. INFORMANT'S SIGNATURE <u>Mrs C.A. Pitts</u>		ADDRESS <u>Oklahoma</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March N, 1955</u>
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0 CAUSE OF DEATH (IEM 18)	18. CAUSE OF DEATH ENTER ONE LINE FOR (A), (B), OR (C). <u>§76X</u>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>none</u>
	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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		(A) <u>Gunshot wounds</u> DUE TO (B) _____ DUE TO (C) _____			

0 OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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0 MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>none</u> , 19 <u>55</u> , TO <u>none</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>none</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>10 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	22A. SIGNATURE (DEGREE OR TITLE) <u>Dr. Lealloy MD.</u>	22B. ADDRESS <u>Box 623 Miami</u>	22C. DATE SIGNED <u>3-15-55</u>		

0 DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) <u>Suicide</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>In Home</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Claypool, Gila Ariz.</u>
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M _____	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

0 CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE <u>John Carpenter</u>		24B. ADDRESS <u>Miami</u>	24C. DATE SIGNED <u>3-17-55</u>
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0 FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Mar. 16, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>
	26A. DATE REC. BY LOCAL REG. <u>3/21/55</u>	26B. REGISTRAR'S SIGNATURE <u>Paula Gonzalez</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. ...</u>	27B. ADDRESS

FORM VS-2 REV. 6-1-53 AMPCO 70385 Deputy