

CERTIFICATE OF DEATH

REGISTRAR'S NO. 19

BIRTH NO.

4 04
OF DEATH
5 AND 19
AL RESIDENCE
0402

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY (IN THIS TOWN) IN ARIZONA <u>1</u> day life		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>Miamia</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u>		<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) <u>Miami Inspiration Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>419 Yuma st.</u>			

DECEDENT
PERSONAL
DATA/42
655

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Johnnie</u> B. (MIDDLE) <u>Carl</u> C. (LAST) <u>Elmo North</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>divorced</u>	
6B. NAME OF SPOUSE <u>Verna Louise North</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>Oct 2 1912</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>42</u>	IF UNDER 1 YEAR MONTHS DAYS <u>8 10</u>	IF UNDER 24 HRS. HOURS MIN. <u>** **</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>copper miner</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>copper mining</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>526-07-9491</u>	
14A. FATHER'S NAME <u>Elmo North</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Menta</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Oklahoma</u>
16. INFORMANT'S SIGNATURE <u>Mrs. Verna Louise North, Globe, Ariz.</u>			ADDRESS OF INFORMANT <u>Globe, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 12, 1955 5:05 a.m.</u>	

CAUSE OF DEATH
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). <u>Skull fracture, crushed vertebrae</u> <u>multiple injuries</u> <u>mine accident at Miami Copper Co., Miami, Ariz.</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Skull fracture, crushed vertebrae</u> <u>multiple injuries</u>		MEDICAL CERTIFICATION (A) <u>Skull fracture, crushed vertebrae</u> (B) <u>multiple injuries</u> (C) <u>mine accident at Miami Copper Co., Miami, Ariz.</u>	INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

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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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>6/11 5:55 AM</u> TO <u>6/12 5:00 AM</u> 1955. THAT I LAST SAW THE DECEASED ALIVE ON <u>4:53 AM 6/12 1955</u> , AND THAT DEATH OCCURRED AT <u>5:00 AM</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>Johnnie A. ...</u>	22B. ADDRESS <u>Miami, Arizona</u>	22C. DATE SIGNED

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>mine</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Miami Gila Ariz</u>	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>6-11-55-9:30 AM</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>Fall in mine shaft</u>

CORONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE <u>Johnnie A. ...</u>	24B. ADDRESS <u>Miami</u>	24C. DATE SIGNED <u>6-14-55</u>
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FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL OR CREMATION <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> BURIAL	25B. DATE <u>June 15, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>6/14/55</u>	26B. REGISTRAR'S SIGNATURE <u>Paula Gonzalez</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene ...</u>	27B. ADDRESS <u>Globe, Arizona</u>