

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5-3

BIRTH NO.

27 OF DEATH AND 45 RESIDENCE 1348	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>8 Yrs.</b> IN ARIZONA <b>8 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>Wickenburg</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Wickenburg</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Community Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>546 1/2 N. Madison St.</b>			

CEDENT PERSONAL DATA 111 4 755	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Victor</b> B. (MIDDLE) <b>Tracy</b> C. (LAST) <b>Ball</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <b>Aug</b> DAY <b>17</b> YEAR <b>1943</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>11</b>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____

9B. KIND OF BUSINESS OR INDUSTRY <b>Student</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Colorado</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>None</b>
14A. FATHER'S NAME <b>Perry E. Ball</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Colorado</b>	15A. MOTHER'S MAIDEN NAME <b>Martha Summers</b>	
16. INFORMANT'S SIGNATURE <b>Perry E. Ball Wickenburg Arizona</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Colorado</b>	

CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <b>59.01</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7-3 days</b>
	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.		DUE TO (A) <b>Ruptured appendix</b>		
	DUE TO (B) <b>Mesenteric lymphadenitis</b>		DUE TO (C) <b>General Toxemia</b>		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION <b>7-28-55</b>	19B. MAJOR FINDINGS OF OPERATION <b>Ruptured appendix, appendiceal abscess, Peritonitis</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **7-24-55** 19\_\_\_, TO **7-29-55**, 19\_\_\_, THAT I LAST SAW THE DECEASED ALIVE ON **7-24-55**, 19\_\_\_, AND THAT DEATH OCCURRED AT **457 D** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <b>Lloyd B. Bralton MD</b>	(DEGREE OR TITLE)	22B. ADDRESS <b>Wickenburg, Arizona</b>	22C. DATE SIGNED <b>7-30-55</b>
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	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	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>8-1-55</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Wickenburg</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Wickenburg Arizona</b>
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26A. DATE REC. BY LOCAL REG. <b>7/31/55</b>	26B. REGISTRAR'S SIGNATURE <b>F. H. Wacker</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>H. L. Coffinger</b>	27B. ADDRESS <b>Wickenburg Arizona</b>
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