

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 OF DEATH AND 25 RESIDENCE L-1	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>5 Yrs.</u> IN ARIZONA <u>5 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 checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</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>1503 Pine St.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1503 Pine St.</u>			
1 IDENT 2 SONAL 3 ATA/08	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Anthony</u> B. (MIDDLE) <u>Purcella</u> C. (LAST) <u>Woodrow</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>		
	6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>10</u> YEAR <u>1946</u>	B. AGE (IN YEARS LAST BIRTHDAY) <u>8 Yrs.</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOUR _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Student</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Gr. School</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Minnesota</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>		
4 855	14A. FATHER'S NAME <u>Woodrow Purcella</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Martina Riddering</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Minnesota</u>		
	16. INFORMANT'S SIGNATURE <u>Woodrow W. Purcella</u>			ADDRESS <u>Miami Ariz</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Aug. 2, 1955</u>			
	18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		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.				MEDICAL CERTIFICATION (A) <u>Gun Shot Wound of head</u> DUE TO (B) <u>Bullet wound accidental discharge of fire arm</u> DUE TO (C) _____	
AUSE OF EATH EM 18)	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>after death</u> 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____, AND THAT DEATH OCCURRED AT <u>9:30 a</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
25 24 2 2	22A. SIGNATURE <u>Nelson D. Bryant M.D.</u>			22B. ADDRESS <u>Miami Ariz</u>			22C. DATE SIGNED <u>Aug 10 1955</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u>Accident</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>Miami, Gila, Ariz</u>			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>8- 2- 1955 9:30</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Gun Shot Wound.</u>			
2 19 2	24A. CORONER'S SIGNATURE <u>John Carpenter</u>			24B. ADDRESS <u>Miami, Arizona.</u>		24C. DATE SIGNED <u>8/3/55</u>		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Aug. 4, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Final Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>	
	26A. DATE REC. BY LOCAL REC. <u>Aug 9- 55</u>		26B. REGISTRAR'S SIGNATURE <u>Nelson D. Bryant</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley</u>		27B. ADDRESS <u>Miami Ariz</u>	