

CERTIFICATE OF DEATH

REGISTRAR'S NO. **33**

4 PLACE OF DEATH AND USUAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 3 yrs IN ARIZONA 13 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		
	C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		
	D. FULL NAME OF HOSPITAL OR INSTITUTION 722 Keegan st.		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS 722 Keegan street		
DECEDENT PERSONAL DATA 1/31 4 955	3. NAME OF DECEASED (TYPE OR PRINT) William Allen Plew			A. (FIRST)	B. (MIDDLE)	C. (LAST)	
	6B. NAME OF SPOUSE Pauline Jane Moran			7. DATE OF BIRTH MONTH April DAY 2 YEAR 1924	8. AGE (IN YEARS LAST BIRTHDAY) 31	IF UNDER 1 YEAR MONTHS 5 DAYS 8	IF UNDER 24 HRS. HOURS ** MIN. **
	9B. KIND OF BUSINESS OR INDUSTRY copper mining		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) World War 11 USA		13. SOCIAL SECURITY NO. 448-16-7990
14A. FATHER'S NAME Frank Plew		14B. BIRTHPLACE (STATE OR COUNTRY) Kansas		15A. MOTHER'S MAIDEN NAME Mattie Daniel		15B. BIRTHPLACE (STATE OR COUNTRY) Oklahoma	
16. INFORMANT'S SIGNATURE <i>Max Pauline Jane Plew Miami Arizona</i>			17. DATE OF DEATH (NORTH) (DAY) (YEAR) September 10, 1955				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FROM (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Under investigation Acute Myocardial failure DUE TO (B) Cardiac hypertrophy with myocardial fibrosis and (C) pulmonary congestion and edema following drinking II. OTHER SIGNIFICANT CONDITIONS AND CAUSES CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 3 hours unknown acute	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) <i>Charles Gordon MD</i>			22B. ADDRESS <i>Phoenix</i>	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		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?		
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE <i>John Carpenter</i>		24B. ADDRESS Miami ARIZONA		24C. DATE SIGNED 9-10-55		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Sept 12, 1955		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		
FUNERAL DIRECTOR AND REGISTRAR	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Heights Arizona		25E. REGISTRAR'S SIGNATURE <i>Robert D. Day</i>		25F. REGISTRAR'S ADDRESS 6106, Arizona Colburn # 328		
	26A. DATE REC. BY LOCAL REG. 11/30/55		26B. REGISTRAR'S SIGNATURE <i>Robert D. Day</i>		26C. REGISTRAR'S ADDRESS 6106, Arizona Colburn # 328		