

CERTIFICATE OF DEATH

REGISTRAR'S NO. **36**

BIRTH NO.

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| 1. PLACE OF DEATH A. COUNTY Gila | | B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 17 Yrs 63 Yrs | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila | |
| C. CITY OR TOWN Tonto Basin | | <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Tonto Basin <input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | |
| D. FULL NAME OF HOSPITAL OR INSTITUTION Tonto Basin | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Tonto Basin | | |

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| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) C. (LAST) Ratliff | | | 4. SEX Male | 5. COLOR OR RACE White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married |
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| 6B. NAME OF SPOUSE Jessie | | 7. DATE OF BIRTH MONTH 3 DAY 18 YEAR 1890 | 8. AGE (IN YEARS LAST BIRTHDAY) 65 Yrs. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Smoke Chaser |
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| 9B. KIND OF BUSINESS OR INDUSTRY Forest Ser. | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico | 11. CITIZEN OF WHAT COUNTRY? USA | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No | 13. SOCIAL SECURITY NO. 526-16-6103 |
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| 14A. FATHER'S NAME William Ratliff | 14B. BIRTHPLACE (STATE OR COUNTRY) Mississippi | 15A. MOTHER'S MAIDEN NAME Unknown | 15B. BIRTHPLACE (STATE OR COUNTRY) Unknown |
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| 16. INFORMANT'S SIGNATURE <i>J. T. Frost</i> | | ADDRESS <i>Phoenix, Ariz.</i> | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 18, 1955 |
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| 18. CAUSE OF DEATH ENTER ONLY 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 ‡ (A) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH immediate |
| | DUE TO (B) | | |
| | DUE TO (C) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |

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| 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **after death**, 19**55**, THAT I LAST SAW THE DECEASED ALIVE ON **19**, AND THAT DEATH OCCURRED AT **5:20 P.M.** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

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| 22A. SIGNATURE <i>Nelson D. Brayton</i> | DEGREE OR TITLE <i>M.D.</i> | 22B. ADDRESS <i>Marion, Arizona</i> | 22C. DATE SIGNED <i>July 19, 1955</i> |
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| 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home | 23C. (CITY OR TOWN) (COUNTY) (STATE) Tonto Basin, Gila, Ariz. |
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| 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? |
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| 24A. CORONER'S SIGNATURE <i>William H. Green</i> | 24B. ADDRESS Payson, Arizona. | 24C. DATE SIGNED <i>July 19, 1955</i> |
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| 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 25B. DATE July 22, 1955 | 25C. NAME OF CEMETERY OR CREMATORY Tonto Basin Cemetery | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tonto Basin, Arizona. |
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| 26A. DATE REC. BY LOCAL REG. July 22, 1955 | 26B. REGISTRAR'S SIGNATURE <i>Nelson D. Brayton</i> | 27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | 27B. ADDRESS <i>[Address]</i> |
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PLACE OF DEATH AND RESIDENCE
PRECEDENT
PERSONAL DATA
CAUSE OF DEATH (IT: M 18)
RELATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR