

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

60

PLACE OF DEATH
5 AND 45
RESIDENCE
0348

DECEDENT
PERSONAL
DATA
67
4
955

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR

AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 5 Yrs. IN ARIZONA 5 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
C. CITY OR TOWN Wickenburg <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN Wickenburg <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS 30 Mesquite St. (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) James B. (MIDDLE) Brantley C. (LAST) Byrd			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
6B. NAME OF SPOUSE Mabel Byrd		7. DATE OF BIRTH MONTH Aug. DAY 25 YEAR 1886	8. AGE (IN YEARS LAST BIRTHDAY) 69	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Electrician	
9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ga.	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) Yes		13. SOCIAL SECURITY NO. 708-07-9797	
14A. FATHER'S NAME James Byrd		14B. BIRTHPLACE (STATE OR COUNTRY) Ga.	15A. MOTHER'S MAIDEN NAME Ann Denmark		15B. BIRTHPLACE (STATE OR COUNTRY) Ga.		
16. INFORMANT'S SIGNATURE Mrs. Mabel Byrd, Wickenburg Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 15 1955			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK FOR (A), (B), OR (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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Massive coronary occlusion DUE TO (B) arteriosclerosis DUE TO (C) advanced age II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 1 Year 6 years	
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 Sept 15, 1955 TO same , 19 55 . THAT I LAST SAW THE DECEASED ALIVE ON Sept 15, 1955 AND THAT DEATH OCCURRED AT 11:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) M. B.				22B. ADDRESS Wickenburg Arizona		22C. DATE SIGNED Sept 19, 55	
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?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 9-20-55		25C. NAME OF CEMETERY OR CREMATORY Wickenburg		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona	
26A. DATE REC. BY LOCAL REG. 9/19/55		26B. REGISTRAR'S SIGNATURE J. H. Wachter		27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger		27B. ADDRESS Wickenburg Arizona	