

CERTIFICATE OF DEATH

REGISTRAR'S NO. 46

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN hrs. 19 yrs. 19		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma			
	C. CITY OR TOWN Ajo		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 10 Mi. N. on Gila Bend Hwy.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1170 6th Ave.			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Byron B. (MIDDLE) Everest C. (LAST) Huff			4. SEX M	5. COLOR OR RACE W		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
CAUSE OF DEATH	6B. NAME OF SPOUSE Chloe Huff		7. DATE OF BIRTH MONTH Aug DAY 5 YEAR 1915		8. AGE (IN YEARS LAST BIRTHDAY) 40		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Conductor	
	9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Bronson, Texas		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) No	
RATIONS, AUTOPSY	14A. FATHER'S NAME J.D. Huff		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Beulah Pennington		13. SOCIAL SECURITY NO. 700-12-3063	
	16. INFORMANT'S SIGNATURE Personal Records				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 28, 1955		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
MEDICAL CERTIFICATION	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. Shock & hemorrhage		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. (A) Shock & hemorrhage (B) Gunshot wound of chest & abdomen				INTERVAL BETWEEN ONSET AND DEATH ?	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Seen after death , 19 55 , AND THAT DEATH OCCURRED AT See above				M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	22A. SIGNATURE Geo. Harbman MD		22B. ADDRESS Tucson Arizona		22C. DATE SIGNED 9/28/55			
CORONER'S CERTIFICATION	23A. ACCIDENT (SPECIFY) Accident		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 10 Mi. N. on Gila Bend Hwy		23C. (CITY OR TOWN) (COUNTY) (STATE) Ajo Pima Arizona		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 9-28-55-12:30 P.M.	
	24A. CORONER'S SIGNATURE Paul H. Ruess		24B. ADDRESS 621 Mosada Ajo Ariz		24C. DATE SIGNED 9/28-55		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 9-28-55		25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
	26A. DATE REC. BY LOCAL REG. 9-28-55		26B. REGISTRAR'S SIGNATURE Gloria Mata		27A. FUNERAL DIRECTOR'S SIGNATURE J.T. Mc Carthy		27B. ADDRESS Ajo, Ariz.	