

CERTIFICATE OF DEATH

REGISTRAR'S NO.

342

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>1 Hr.</u> <u>Life</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>Globe</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 <u>198 W. Oak St.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>906 Smith St.</u>			

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Delbert</u>			B. (MIDDLE) <u>Merrill</u>			C. (LAST)			4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
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6B. NAME OF SPOUSE <u>Alvera</u>			7. DATE OF BIRTH MONTH <u>3</u> DAY <u>13</u> YEAR <u>1909</u>			8. AGE (IN YEARS LAST BIRTHDAY) <u>46 Yrs</u>		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) <u>Operator</u>		
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9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</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>526-07-3334</u>			
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14A. FATHER'S NAME <u>Tim Merrill</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Idaho</u>			15A. MOTHER'S MAIDEN NAME <u>Sodeanette Carter</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		
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16. INFORMANT'S SIGNATURE <u>Delbert Merrill</u>				ADDRESS <u>Miami, Ariz.</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct. 21, 1955</u>			
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Coronary occlusion</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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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 _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____.

22A. SIGNATURE <u>Walter M. O'Brien M.D.</u>			DEGREE OR TITLE			22B. ADDRESS <u>Globe Arizona</u>			22C. DATE SIGNED <u>10-26-55</u>		
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Natural</u>			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Office Building</u>			23C. CITY OR TOWN (COUNTY) (STATE) <u>Globe Gila Ariz</u>		
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Oct. 21 1955 9:00 AM</u>			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			23F. HOW DID INJURY OCCUR?		
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24A. CORONER'S SIGNATURE <u>Walter M. O'Brien</u>				24B. ADDRESS <u>Box 800 Globe Ariz</u>				24C. DATE SIGNED <u>10-27-55</u>			
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Oct. 24, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Final Cemetery</u>				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>			
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26A. DATE REC. BY LOCAL REG. <u>10-29-55</u>		26B. REGISTRAR'S SIGNATURE <u>Gene Hauke</u>			27A. FUNERAL DIRECTOR'S SIGNATURE <u>T. J. Mikes</u>			27B. ADDRESS <u>Miami, Ariz.</u>		
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