

CERTIFICATE OF DEATH

REGISTRAR'S NO.

67

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 3 Days IN ARIZONA 35 YRS.	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
		A. STATE Arizona	B. COUNTY Maricopa
		C. CITY OR TOWN Whittman	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT)	A. (FIRST) Joseph	B. (MIDDLE) F.	C. (LAST) Berry	4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
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6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH DAY YEAR Sept 3 1879	8. AGE (IN YEARS LAST BIRTHDAY) 76	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) Farmer
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9B. KIND OF BUSINESS OR INDUSTRY Farming	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ill	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. Not Available
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14A. FATHER'S NAME John P. Berry	14B. BIRTHPLACE (STATE OR COUNTRY) Ill.	15A. MOTHER'S MAIDEN NAME Elizabeth Trousdale	15B. BIRTHPLACE (STATE OR COUNTRY) Ill.
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16. INFORMANT'S SIGNATURE John Berry Whittman, Arizona.	ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct. 16 1955
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 238X 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Polio subacute general cellulitis	DUE TO (B) Polio virus	2-3 hrs
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)

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 10-14 , 19 55 TO 10-16 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON 10-16-55 , 19 55 , AND THAT DEATH OCCURRED AT 5:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <i>[Signature]</i>	(DEGREE OR TITLE) MD	22B. ADDRESS 166 W. Frontier
		22C. DATE SIGNED 10-19-55

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR NEAR HOME, FARM, FACTORY, STREET, OFFICE, BLDG., ETC.) Whittman	23C. LIGHTNING (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	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
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 10-19-55	25C. NAME OF CEMETERY OR CREMATORY Wickenburg	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona
26A. DATE REC. BY LOCAL REG. 10/22/55	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27B. ADDRESS Wickenburg Ariz.

PLACE OF DEATH
AND
RESIDENCE
0348

PRECEDENT
PERSONAL DATA
76
4
055

CAUSE OF DEATH
(ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

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