

CERTIFICATE OF DEATH

REGISTRAR'S NO. 395

BIRTH NO.

PLACE OF DEATH A. COUNTY Gila	LENGTH OF STAY IN THIS TOWN 3 Wks. IN ARIZONA 17 Yrs.	USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
		A. STATE Arizona
		B. COUNTY Gila
		C. CITY OR TOWN Miami
C. CITY OR TOWN Globe	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 507 Roosevelt St.

3. NAME OF DECEASED (TYPE OR PRINT)	A. (FIRST) Edward	B. (MIDDLE) Nizzola	C. (LAST) Male	4. SEX Male	5. COLOR OR RACE Italian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Unknown
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6B. NAME OF SPOUSE Unknown	7. DATE OF BIRTH MONTH DAY YEAR 7 13 1880	8. AGE (IN YEARS LAST BIRTHDAY) 75 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) Laborer
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9B. KIND OF BUSINESS OR INDUSTRY Coal Mine	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	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. 374-03-8110
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14A. FATHER'S NAME Unknown	14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown	15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
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16. INFORMANT'S SIGNATURE <i>W. J. Belles</i>	ADDRESS Miami, Arizona	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Mar. 12, 1956
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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, ASTHMA, 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) <i>Cardiac Decomposition</i>	<i>6 Months</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISK TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) <i>Catarrh - Stroke Heart</i>	<i>10 years</i>
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 *Dec 19, 1955*, 19____, THAT I LAST SAW THE DECEASED ALIVE ON *Jan 1956*, AND THAT DEATH OCCURRED AT *2:00 A.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <i>Dr. James E. Jones MD</i>	22B. ADDRESS	22C. DATE SIGNED
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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)
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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?
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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 Mar. 16, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona
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26A. DATE REC. BY LOCAL REG. 3-24-56	26B. REGISTRAR'S SIGNATURE <i>James W. ...</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>	27B. ADDRESS <i>...</i>
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RESIDENCE
PRECEDENT
PERSONAL
DATA
CAUSE
OF
DEATH
ITEM 18)
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AUTOPSY
MEDICAL
TIFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
TIFICATION
FUNERAL
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AND
EGISTRAR