

Punched

CERTIFICATE OF DEATH

REGISTRAR'S NO. 402

04 OF DEATH AND RESIDENCE 19 2201

IDENT 4 SONAL DATA 174

153 X CAUSE OF DEATH 0 (EM 18) 0

ACTIONS, Topsy

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

OWNER'S CERTIFICATION

GENERAL DIRECTOR AND STRAR

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY Gila
B. LENGTH OF STAY
IN THIS TOWN 45 Yrs IN ARIZONA Life
C. CITY OR TOWN Globe
 IN CITY LIMITS
 OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Gila
C. CITY OR TOWN Globe
 IN CITY LIMITS
 OUTSIDE CITY LIMITS
D. STREET ADDRESS 267 S. Devereaux St. (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Lillie B. (MIDDLE) Belle C. (LAST) Mitchell
4. SEX Fem. 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced

6B. NAME OF SPOUSE None 7. DATE OF BIRTH
MONTH 8 DAY 20 YEAR 1881 8. AGE (IN YEARS LAST BIRTHDAY) 74 Yrs. 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife

9B. KIND OF BUSINESS OR INDUSTRY Own Home 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona 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. None

14A. FATHER'S NAME James Morris 14B. BIRTHPLACE (STATE OR COUNTRY) Illinois 15A. MOTHER'S MAIDEN NAME Lillie Stone 15B. BIRTHPLACE (STATE OR COUNTRY) Ohio

16. INFORMANT'S SIGNATURE Mrs. James King Williams ADDRESS Wichita, Okla 17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 10, 1956

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.)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Diffuse Adenocarcinoma of Colon
MEDICAL CERTIFICATION
DUE TO (B) Carcinoma of Colon
DUE TO (C) _____
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Hypostatic pneumonia
INTERVAL BETWEEN ONSET AND DEATH: Unknown

19A. DATE OF OPERATION March 14 1956 19B. MAJOR FINDINGS OF OPERATION Carcinoma Colon with widespread Metastases 20. AUTOPSY? YES NO

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 10, 1956 AND THAT DEATH OCCURRED AT 8:55 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
21A. SIGNATURE Willie E. Brasley, M.D. 21B. ADDRESS Barb's Globe Arizona 21C. DATE SIGNED 4-12-56

22A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) _____ 22B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____ 22C. (CITY OR TOWN) (COUNTY) (STATE) _____

23A. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ 23B. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 23C. HOW DID INJURY OCCUR? _____

24A. CORONER'S SIGNATURE _____ 24B. ADDRESS _____ 24C. DATE SIGNED _____

25A. BURIAL CREMATION REMOVAL 25B. DATE April 12, 1956 25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona

26A. DATE REC. BY LOCAL REG. 4-16-56 26B. REGISTRAR'S SIGNATURE Gene Wauson 26C. GENERAL DIRECTOR'S SIGNATURE _____ 26D. ADDRESS _____