

BIRTH NO. 25381

CERTIFICATE OF DEATH

REGISTRAR'S NO. 14

PLACE OF DEATH

AND RESIDENCE

1. PLACE OF DEATH  
A. COUNTY Gila  
B. LENGTH OF STAY  
IN THIS TOWN 6 Mos. IN ARIZONA Life  
C. CITY OR TOWN Miami  
IN CITY LIMITS  OUTSIDE CITY LIMITS   
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  
HOSPITAL OR INSTITUTION 1501 Laurel Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)  
A. STATE Arizona B. COUNTY Gila  
C. CITY OR TOWN Miami  IN CITY LIMITS  OUTSIDE CITY LIMITS  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)  
1501 Laurel Ave.

DECEASED

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Roxanna B. (MIDDLE) Lynn C. (LAST) Matthews  
4. SEX Fem. 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married

PRECEDENT

6B. NAME OF SPOUSE None 7. DATE OF BIRTH MONTH 11 DAY 13 YEAR 1956  
8. AGE (IN YEARS LAST BIRTHDAY) 5 IF UNDER 1 YEAR MONTHS 27 IF UNDER 24 HRS. HOURS 27 MIN.   
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant

PERSONAL DATA

9B. KIND OF BUSINESS OR INDUSTRY Infant 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 Orville E. Matthews 14B. BIRTHPLACE (STATE OR COUNTRY) Tenn. 15A. MOTHER'S MAIDEN NAME Norma Jean Roe 15B. BIRTHPLACE (STATE OR COUNTRY) Missouri

530

16. INFORMANT'S SIGNATURE Orville E. Matthews ADDRESS Miami, Ariz. 17. DATE OF DEATH (MONTH) May (DAY) 10 (YEAR) 1956

491X

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. IF MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Ac. Broncho-Pneumonia  
DUE TO (B) Ac. Coryza  
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  
48 hours  
170 "

CAUSE OF DEATH (FEM 18)

OPSY

19A. DATE OF OPERATION May 10-1956 19B. MAJOR FINDINGS OF OPERATION Ac Broncho Pneumonia 20. AUTOPSY? YES  NO

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 6, 1956, TO May 8, 1956, THAT I LAST SAW THE DECEASED ALIVE ON May 6, 1956, AND THAT DEATH OCCURRED AT \_\_\_\_\_ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) D. R. Pollock M.D. 22B. ADDRESS Miami Ariz Box 1745 22C. DATE SIGNED May 10 1956

DEATH DUE TO EXTERNAL VIOLENCE

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) \_\_\_\_\_

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY \_\_\_\_\_ M \_\_\_\_\_ 23E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  23F. HOW DID INJURY OCCUR? \_\_\_\_\_

DRONER'S CERTIFICATION

24A. CORONER'S SIGNATURE Tom Carpenter 24B. ADDRESS Miami 24C. DATE SIGNED 5-16-56

GENERAL DIRECTOR AND REGISTRAR

25A. BURIAL  CREMATION  REMOVAL  25B. DATE May 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. 5/15/56 26B. REGISTRAR'S SIGNATURE Saula Souple 27A. FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_ 27B. ADDRESS \_\_\_\_\_