

CERTIFICATE OF DEATH

REGISTRAR'S NO. 121

BIRTH NO.

Punched
OF DEATH
AND 25
RESIDENCE
X-PRECEDENT
PERSONAL
DATA 164
9
4567952
CAUSE
OF
DEATH
TEM 18)OPERATIONS,
AUTOPSYMEDICAL
CERTIFICATIONDEATH
DUE TO
EXTERNAL
VIOLENCECORONER'S
CERTIFICATIONSGENERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 35 Yrs IN ARIZONA 42 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Catholic Church				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 721 Merritt St.			
3. NAME OF DECEASED (TYPE OR PRINT) Yamame Monyer			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
6B. NAME OF SPOUSE Deceased		7. DATE OF BIRTH MONTH DAY YEAR 7 31 1891	8. AGE (IN YEARS LAST BIRTHDAY) 64 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) Housewife	
9B. KIND OF BUSINESS OR INDUSTRY Own Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Lebanon	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 Joseph Jahe		14B. BIRTHPLACE (STATE OR COUNTRY) Lebanon		15A. MOTHER'S MAIDEN NAME Nasara Curry		15B. BIRTHPLACE (STATE OR COUNTRY) Lebanon	
16. INFORMANT'S SIGNATURE <i>W. J. ...</i>				ADDRESS Ajo, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 29, 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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) <i>Unexplained sudden death</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. 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 1 minute	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-29 , 19 56 , TO 4-29 , 19 56 , THAT I LAST SAW THE DECEASED ALIVE ON none , 19 56 , AND THAT DEATH OCCURRED AT 2:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>W. J. ...</i>				22B. ADDRESS Box 623 Mesquite		22C. DATE SIGNED 5-1-56	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Catholic Church		23C. (CITY OR TOWN) Miami, Gila, Ariz.		23D. (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 4 29 56 2:45 P.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 <i>John Carpenter</i>				24B. ADDRESS Miami-Gilz		24C. DATE SIGNED 5-1-56	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE May 2, 1956		25C. NAME OF CEMETERY OR CREMATORY Final Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
26A. DATE REC. BY LOCAL REG. May 6 1956		26B. REGISTRAR'S SIGNATURE <i>Nelson D. Grayson</i>		27A. GENERAL DIRECTOR'S SIGNATURE <i>W. J. ...</i>		27B. ADDRESS <i>...</i>	