

CERTIFICATE OF DEATH

REGISTRAR'S NO.

421.

BIRTH NO.

PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Life Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Globe		A. STATE Arizona		B. COUNTY Gila	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		C. CITY OR TOWN Miami			
3. NAME OF DECEASED (TYPE OR PRINT) Baby Boy Pinkins			4. SEX Male	5. COLOR OR RACE Colored	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married	
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR 6 30 1956	8. AGE (IN YEARS LAST BIRTHDAY)	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF PART-TIME) Infant		
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 Henry Lee Pinkins		14B. BIRTHPLACE (STATE OR COUNTRY) Georgia	15A. MOTHER'S MAIDEN NAME Charlie Lee Dykes		15B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	
16. INFORMANT'S SIGNATURE Ronise M. Conico			ADDRESS Miami, Fla.		17. DATE OF DEATH MONTH DAY YEAR June 30, 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‡ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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 6/30/56 TO 6/30/56 , THAT I LAST SAW THE DECEASED ALIVE ON 6/30/56 , AND THAT DEATH OCCURRED AT 6:15 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE (DEGREE OR TITLE) James E. Jones MD			22B. ADDRESS Phoenix, Ariz		22C. DATE SIGNED 7/5/56	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSE		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) M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 30, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona	
26A. DATE REC. BY LOCAL REG. July 5 1956	26B. REGISTRAR'S SIGNATURE James W. ...		27A. FUNERAL DIRECTOR'S SIGNATURE ...		27B. ADDRESS ...	