

CERTIFICATE OF DEATH

REGISTRAR'S NO. 433

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 1 Day IN ARIZONA life	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona	B. COUNTY Pinal
		C. CITY OR TOWN Globe	C. CITY OR TOWN Superior
		<input type="checkbox"/> IN CITY LIMITS	<input checked="" type="checkbox"/> OUTSIDE CITY LIMITS
		D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1 miles East Globe, Highway 70	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Superior Delivery

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mart B. (MIDDLE) D. C. (LAST) Randall	4. SEX male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
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6B. NAME OF SPOUSE Edith Randall	7. DATE OF BIRTH MONTH DAY YEAR Feb 27 1901	8. AGE (IN YEARS LAST BIRTHDAY) 55	IF UNDER 1 YEAR MONTHS DAYS 5 23	IF UNDER 24 HRS. HOUR MIN. XX XX	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) copper mining
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9B. KIND OF BUSINESS OR INDUSTRY copper mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. 526-03-6283
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14A. FATHER'S NAME unknown	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME unknown	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
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16. INFORMANT'S SIGNATURE Harry Randall	ADDRESS Chicago Illinois	17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 20, 1956 10 P.M.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Fracture Cervical spine	INTERVAL BETWEEN ONSET AND DEATH none
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ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISK TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B)	DUE TO (C)
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II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	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 HAVE EXAMINED THE BODY OF THE DECEASED AND THAT DEATH OCCURRED AT 10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	22A. SIGNATURE T.C. Harper M.D.	22B. ADDRESS Globe, Ariz.	22C. DATE SIGNED 8-22-56
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Accident	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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24. CORONER'S SIGNATURE [Signature]	24B. ADDRESS Box 811 Globe, Ariz.	24C. DATE SIGNED 8-21-56
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25A. BURIAL OR CREMATION CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Aug 25-1956	25C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos Arizona
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26A. DATE REC. BY LOCAL REG. 8-22-56	26B. REGISTRAR'S SIGNATURE [Signature]	27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]	27B. ADDRESS Globe, Arizona
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28. FUNERAL DIRECTOR'S SIGNATURE [Signature]	29. ADDRESS [Address]
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30. BALMERS SIGNATURE [Signature]	31. ADDRESS [Address]
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32. BALMERS SIGNATURE [Signature]	33. ADDRESS [Address]
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34. BALMERS SIGNATURE [Signature]	35. ADDRESS [Address]
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