

CERTIFICATE OF DEATH

REGISTRAR'S NO. 36

BIRTH NO.

PLACE OF DEATH AND RESIDENCE X-

DECEASED PERSONAL DATA 176

CAUSE OF DEATH (EM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

DEATH CERTIFICATE

GENERAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 5 Yrs IN ARIZONA 5 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona. B. COUNTY Gila	
C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 127 Railroad Ave.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mary B. (MIDDLE) O. C. (LAST) Rosco			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed

8B. NAME OF SPOUSE Deceased		7. DATE OF BIRTH MONTH 10 DAY 10 YEAR 1880	8. AGE (IN YEARS LAST BIRTHDAY) 76 Yrs	9. IF UNDER 1 YEAR MONTHS	10. 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) Tenn.	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 Marcus Mitchell		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	

16. INFORMANT'S SIGNATURE *Annie Rosco* ADDRESS Ariz Claypool, 17. DATE OF DEATH (MONTH) (DAY) (YEAR)
Oct. 25, 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		INTERVAL BETWEEN ONSET AND DEATH 3 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <i>Secondary tuberculosis.</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Central hemianopia</i>		3 years	

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *August 1, 1954* TO *Oct. 25, 1956*, THAT I LAST SAW THE DECEASED ALIVE ON *Jan 15, 1956*, AND THAT DEATH OCCURRED AT *9:05 A.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE *Dr. C. C. Callahan, Jr.* (DEGREE OR TITLE) 22B. ADDRESS *Box 623 Main Ave* 22C. DATE SIGNED *10-26-56*

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 23E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 23F. HOW DID INJURY OCCUR?

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

25A. BURIAL CREMATION REMOVAL 25B. DATE *Oct. 26, 1956* 25C. NAME OF CEMETERY OR CREMATORY 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Holdenville, Oklahoma

26A. DATE REC. BY LOCAL REG. 26B. REGISTRAR'S SIGNATURE *Wesley Nelson & Beatrix* 27A. FUNERAL DIRECTOR'S SIGNATURE *Wesley Nelson & Beatrix* 27B. ADDRESS