

BIRTH NO.

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 490

PLACE OF DEATH 19 AND 65 AL RESIDENCE 0701	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>18 Yrs</u> IN ARIZONA <u>29 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION) RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u> <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) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Rt. 1, Box 51, (Midland City)</u>		
DECEDENT PERSONAL DATA 172	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Grace</u> B. (MIDDLE) <u>H.</u> C. (LAST) <u>Pinson</u>			4. SEX <u>Fem.</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
	6B. NAME OF SPOUSE <u>Deceased</u>		7. DATE OF BIRTH MONTH <u>7</u> DAY <u>11</u> YEAR <u>1884</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>72 Yrs.</u>	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) <u>Housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Colorado</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>None</u>		
4500 CAUSE OF DEATH (ITEM 18) 0	14A. FATHER'S NAME <u>Artemus Boyce</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Canada</u>	15A. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Kansas.</u>	
	16. INFORMANT'S SIGNATURE <u>Matt C. Beatty</u>			ADDRESS <u>Miami, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Feb. 18, 1957</u>	
	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.		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. DUE TO (A) <u>Cardiac Decompensation</u> DUE TO (B) <u>Arteriosclerosis</u> 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 <u>4 years</u> <u>years</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY 2	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1952</u> , TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON <u>2/18</u> 19 <u>57</u> AND THAT DEATH OCCURRED AT <u>4:10 AM</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE <u>[Signature]</u>		22B. ADDRESS <u>Box 1204 Miami, Ariz</u>		22C. DATE SIGNED <u>2/21/57</u>		
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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
CORONER'S CERTIFICATION	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 <u>Feb. 21, 1957</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>		
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>2-21-57</u>		26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		
	26C. DATE REC. BY LOCAL REG.		26D. REGISTRAR'S SIGNATURE		27B. ADDRESS		