ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3653

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 44

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 1 day — IN ARIZONA: 46 yrs
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Phelps-Dodge Smelter

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. — COUNTY: Cochise
C. CITY OR TOWN: Elfrida — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Gen. Del.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Marion — B. (MIDDLE) F. — C. (LAST) McGinty

4. SEX: M
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Larada
7. DATE OF BIRTH — MONTH: 3 — DAY: 24 — YEAR: 1903
8. AGE (IN YEARS LAST BIRTHDAY): 54 — 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): Iron Worker
9B. KIND OF BUSINESS OR INDUSTRY: Smelter
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla.
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 526-09-4151
14A. FATHER'S NAME: William P. McGinty
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Mary Ellen Sloan
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Robert McGinty — ADDRESS: Douglas, Ariz.
17. DATE OF DEATH — (MONTH) June (DAY) 21 (YEAR) 1957

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, ASTHENIA, 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) Crushed Chest Fracture of Cervical Vertebrae
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 — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__ TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 9:15 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: F. Williams M.D. (DEGREE OR TITLE) — 22B. ADDRESS: Douglas Ariz — 22C. DATE SIGNED: 6/24/57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Occupational Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Smelter
23C. (CITY OR TOWN) Douglas (COUNTY) Cochise (STATE) Ariz
23D. TIME OF INJURY (MONTH) June (DAY) 21 (YEAR) 1957 (HOUR) 9:15 A.M.
23E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Chain Block Broke

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Lowell Arizona
24C. DATE SIGNED: June 21-1957

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6-24-57
25C. NAME OF CEMETERY OR CREMATORY: Garden Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Portal, Arizona

26A. DATE REC. BY LOCAL REG.: June 25/57
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Douglas, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 77698

OF DEATH AND RESIDENCE — CEDENT — RSONAL DATA — CAUSE OF DEATH (ITEM 18) — RATIONS, UTOPSY — EDICAL IFICATION — DEATH DUE TO EXTERNAL VIOLENCE — RONER'S IFICATION — UNERAL RECTOR AND GISTRAR