

CERTIFICATE OF DEATH

REGISTRAR'S NO. 537

4 04 OF TH ANL 98 RESIDE 01	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 4 Yrs IN ARIZONA 13 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
	C. CITY OR TOWN Globe <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
CEDE PERSON DATA	3. NAME OF DECEASED A. (FIRST) William B. (MIDDLE) M. C. (LAST) McMath			4. SEX Male	B. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
	6B. NAME OF SPOUSE Deceased		7. DATE OF BIRTH MONTH 4 DAY 12 YEAR 1872	B. AGE (IN YEARS LAST BIRTHDAY) 85 Yrs	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
420 CAUSE OF DEATH (EM 18)	9B. KIND OF BUSINESS OR INDUSTRY Ice Co.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	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. 528-09-8867
	14A. FATHER'S NAME William P. McMath		14B. BIRTHPLACE (STATE OR COUNTRY) Mississippi	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Mississippi
RATIONS TOPY	16. INFORMANT'S SIGNATURE <i>Denny Richards</i>		ADDRESS Ariz Claypool,		17. DATE OF DEATH (MONTH) June (DAY) 12, (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, ARTERIAL, ETC. IF 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. DUE TO (A) <i>Acute Coronary Insufficiency</i> DUE TO (B) <i>Chronic Arteriosclerosis</i> DUE TO (C) <i>Chronic Congestive heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
MEDICAL IFICATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OR OPERATION <i>June 12, 1957</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>June 12, 1957</i> TO <i>June 12, 1957</i> THAT I LAST SAW THE DECEASED ALIVE <i>June 12, 1957</i> AND THAT DEATH OCCURRED AT <i>4245 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
DEATH DUE TO EXTERN. VIOLEN	22A. SIGNATURE <i>William P. McMath</i>		22B. ADDRESS <i>4245 P.M. Globe, Ariz.</i>		22C. DATE SIGNED <i>6/14/57</i>	
	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)	
CORNER'S IFICATION	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?	
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
GENERAL DIRECTOR AND SISTRAP	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 14, 1957		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		26A. DATE REC. BY LOCAL REG. 6-14-57		26B. REGISTRAR'S SIGNATURE <i>Denny Richards</i>	
26C. DATE SIGNED		26D. REGISTRAR'S SIGNATURE		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. P. McMath</i>		
26E. ADDRESS		26F. ADDRESS		26G. ADDRESS		