

CERTIFICATE OF DEATH

REGISTRAR'S NO. 542

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>10 Min</b> IN ARIZONA <b>21 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>		
	C. CITY OR TOWN <b>Globe</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Young</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
PRECEDENT	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gila General Hospital</b> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS <b>Young</b> (IF RURAL, GIVE LOCATION)		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Henry</b> B. (MIDDLE) <b>McKee</b> C. (LAST) <b>McKee</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	
PERSONAL DATA	6B. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH <b>4</b> DAY <b>14</b> YEAR <b>1883</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>74 Yrs.</b>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Miner</b>		
	9B. KIND OF BUSINESS OR INDUSTRY <b>Copper Mine</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Georgia</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>None</b>		
CAUSE OF DEATH	14A. FATHER'S NAME <b>Joseph McKee</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	
	16. INFORMANT'S SIGNATURE <i>H. Harley McKee</i>			ADDRESS <b>Young, Ariz.</b>		17. DATE OF DEATH (MONTH) <b>July</b> (DAY) <b>6</b> (YEAR) <b>1957</b>	
CAUSE OF DEATH	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, ASPHYXIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Cardiac failure due to Coronary sclerosis</b> 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 <b>about 2 yrs.</b>	
	PLACE DISEASE CONTRACTED:		19A. DATE OF OPERATION <b>None</b>			19B. MAJOR FINDINGS OF OPERATION	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>7-6-57</b> , 19 <b>57</b> , TO <b>7-6-57</b> , 19 <b>57</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>7-6-57</b> , 19 <b>57</b> , AND THAT DEATH OCCURRED AT <b>8:30 A. M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CERTIFICATION	22A. SIGNATURE <b>T. C. Harper, M.D.</b> (DEGREE OR TITLE)		22B. ADDRESS <b>Globe, Ariz.</b>		22C. DATE SIGNED <b>7-6-57</b>		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <b>Natural Cause</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. CITY OR TOWN (COUNTY) (STATE) <b>Young, Arizona</b>		
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
CORONER'S CERTIFICATION	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <b>July 7, 1957</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Young Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Young, Arizona</b>
	26A. DATE REC. BY LOCAL REG. <b>7-6-57</b>		26B. REGISTRAR'S SIGNATURE <i>Ernest W. ...</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		27B. ADDRESS