

5870
5680 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4-04
OF DEATH
AND 19
RESIDENCE
0301

PRECEDENT 4
PERSONAL DATA 781

957

4201
CAUSE
OF
DEATH
TEM 18)

OPERATIONS,
AUTOPSY 2

MEDICAL
CERTIFICATION 1

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION 1

MUNERAL
DIRECTOR 17
AND
REGISTRAR 2

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>52 yrs</u> IN ARIZONA <u>72 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 checked="" type="checkbox"/> IN CITY LIMITS <input 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>666 Broadway St.</u>		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Taylor</u> B. (MIDDLE) <u>Warren</u> C. (LAST) <u>McCarty</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>divorced</u>	
6B. NAME OF SPOUSE <u>Edith Campbell</u>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>19</u> YEAR <u>1876</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>81</u>	IF UNDER 1 YEAR MONTHS <u>4</u> DAYS <u>25</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>retired-blacksmith</u>		9B. KIND OF BUSINESS OR INDUSTRY <u>blacksmith</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Coryell County Texas U.S.A.</u>	11. CITIZEN OF WHAT COUNTRY? <u>Texas U.S.A.</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>(unknown)</u>		14. FATHER'S NAME <u>Daniel McCarty</u>	
15. BIRTHPLACE (STATE OR COUNTRY) <u>Tennessee</u>		16. INFORMANT'S SIGNATURE (SIGN) ADDRESS <u>E. W. McCarty Globe, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>September 14, 1957 at 8:31 a.m.</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Coronary Occlusion</u> DUE TO (B) <u>Severe Coronary Arteriosclerosis</u> DUE TO (C) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <u>Sept 3, 57 Deple</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 28, 1957</u> TO <u>Sept 14, 1957</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Sept 17, 1957</u> AND THAT DEATH OCCURRED AT <u>8:30 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE (DEGREE OR TITLE) <u>William B. Brown</u>		22B. ADDRESS <u>Box 68 Globe, Ariz.</u>		22C. DATE SIGNED <u>9-14-57</u>	
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) <u>Globe, Arizona</u>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		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
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Sept 16, 1957</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>9-14-57</u>		26B. REGISTRAR'S SIGNATURE <u>James W. Walker</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Walker</u>	
				27B. ADDRESS <u>Globe, Arizona</u>	