

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2

77 04
PLACE OF DEATH
5 AND 25
AL RESIDENCE
*-

DECEDENT
PERSONAL
DATA
159
4
158

4201
CAUSE
OF
DEATH
(ITEM 18)
0
6

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

135

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY <input checked="" type="checkbox"/> IN THIS TOWN, IN ARIZONA <u>35 Yrs / 35 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, OR INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u>		B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Miami</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</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>1501 Laurel Ave.</u>				D. STREET ADDRESS <u>1501 Laurel Ave.</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>William</u>			B. (MIDDLE) <u>D.</u>			C. (LAST) <u>Mawson</u>	
4. SEX <u>Male</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>11</u> DAY <u>20</u> YEAR <u>1898</u>		8. AGE (IN YEARS) LAST BIRTHDAY: <u>59 Yrs</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE IF RETIRED) <u>Clerk</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Ret. Furn. St.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New Mexico</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>526-01-9647</u>		14A. FATHER'S NAME <u>William D. Mawson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Eugenia Duran</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mexico</u>		16. INFORMANT'S SIGNATURE <u>William D. Mawson</u>		ADDRESS <u>Miami, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>Jan</u> (DAY) <u>14</u> (YEAR) <u>1958</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>4201</u> CAUSE OF DEATH (ITEM 18) <u>0</u> <u>6</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Coronary Occlusion</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) <u>Arteriosclerosis</u> DUE TO (C) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>-</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1 year</u>	
19A. DATE OF OPERATION		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 _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, _____, _____, M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>E. Jones MD.</u>		(DEGREE OR TITLE)		22B. ADDRESS <u>Miami, Ariz.</u>		23. DATE SIGNED <u>1/17/58</u>	
24A. ACCIDENT (SPECIFY) <u>Natural Cause</u>		24B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>In Home</u>		24C. (CITY OR TOWN) (COUNTY) (STATE) <u>Miami, Gila, Ariz</u>			
25D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		25E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		25F. HOW DID INJURY OCCUR?			
26A. CORONER'S SIGNATURE <u>Sam Cardenas</u>				26B. ADDRESS <u>Miami, Arizona.</u>		26C. DATE SIGNED <u>1-21-1958</u>	
27A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> CREMATION <input type="checkbox"/>		27B. DATE <u>Jan. 18, 1958</u>		27C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		27D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>	
28A. DATE REC. BY LOCAL REG <u>1/31/58</u>		28B. REGISTRAR'S SIGNATURE <u>Caula Gonzalez Deputy</u>		28C. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Jones</u>		28D. ADDRESS	
29. EMBALMER'S SIGNATURE <u>W. H. Jones</u>				29B. EMBALMER'S CERT. NO. <u>244A</u>			

1 by Mary Waldron

28. EMBALMER'S SIGNATURE
W. H. Jones

29B. EMBALMER'S CERT. NO.
244A