

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **3-1**

PLACE OF DEATH AND USUAL RESIDENCE

PRECEDENT PERSONAL DATA

CAUSE OF DEATH

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

EMERALD'S CERTIFICATION

GENERAL DIRECTOR AND REGISTRAR

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1. PLACE OF DEATH A. COUNTY <b>Gila</b> B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>20 yrs 20 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>Payson</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Payson</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>L.S. Ranch</b>		D. STREET ADDRESS <b>L.S. Ranch</b>	
E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Beauford</b> B. (MIDDLE) <b>Brown</b> C. (LAST) <b>Polk</b>			4. SEX <b>M</b> 5. COLOR OR RACE <b>W</b> 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Divorced</b>
6B. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH DAY YEAR <b>22 27 1884</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>74 yrs</b>
9. KIND OF BUSINESS OR INDUSTRY <b>None</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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>	
14A. FATHER'S NAME <b>Presley P Polk</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Missouri</b>	14C. MOTHER'S MAIDEN NAME <b>Janie Keller</b>
15. INFORMANT'S SIGNATURE <b>Mrs. Wm. J. Polk, Jr.</b>		16. ADDRESS <b>Payson, Ariz.</b>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>March 22 1958</b>			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <b>Drowning</b> 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <b>also possible concussion</b> 3. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, IS _____, TO _____, THAT I LAST SAW THE DECEASED ALIVE ON _____, AND THAT DEATH OCCURRED AT _____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <b>J. E. Jones</b>		22B. ADDRESS <b>Box 1201, Payson, Ariz.</b>	
22C. DATE SIGNED <b>3/23/58</b>			
23A. ACCIDENT (SPECIFY) <b>Accident</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>L.F. Ranch</b>	
23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Payson Gila Ariz</b>			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>3/22/1958 5:30 PM</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
23F. HOW DID INJURY OCCUR? <b>Run over by log truck</b>			
24A. CORONER'S SIGNATURE <b>Calvin H. Brewer</b>		24B. ADDRESS <b>Payson, Ariz.</b>	
24C. DATE SIGNED <b>3-23-1958</b>			
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		25B. DATE	
25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Payson Arizona</b>	
26A. DATE REC. BY LOCAL REG. <b>3/23/58</b>		26B. REGISTRAR'S SIGNATURE <b>Germa McLean Hathaway</b>	
26C. REGISTRAR'S SIGNATURE <b>Germa McLean Hathaway</b>		26D. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Jones</b>	
26E. ADDRESS <b>Payson, Ariz.</b>			
27A. EMBALMER'S SIGNATURE <b>H. H. McE...</b>		27B. ADDRESS	
27C. EMBALMERS CERT. NO. <b>219A</b>			