

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

14 04
PLACE OF DEATH
5 AND 25
RESIDENCE
X-

PRECEDENT
PERSONAL DATA

976 X
CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CONCORNER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

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1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY (IN THIS TOWN) 6 Days (IN ARIZONA) 17 Mos.		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Kay Hotel				D. STREET ADDRESS 126 W. Orchid Lane			
3. NAME OF DECEASED A. (FIRST) Arthur		B. (MIDDLE) J.		C. (LAST) Mac Smith		4. SEX Male	
5B. NAME OF SPOUSE Florence Mac Smith		7. DATE OF BIRTH MONTH 6 DAY 15 YEAR 1906		8. AGE (IN YEARS LAST BIRTHDAY) 51 Yrs.		5. COLOR OR RACE White	
9B. KIND OF BUSINESS OR INDUSTRY Ret. Store		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York		11. CITIZEN OF WHAT COUNTRY USA		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
14A. FATHER'S NAME Unk		14B. BIRTHPLACE (STATE OR COUNTRY) Unk		18A. MOTHER'S MAIDEN NAME Unk		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Salesman	
16. INFORMANT'S SIGNATURE Florence Mac Smith				ADDRESS Phoenix, Ariz.			
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. IF THESE ARE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED		E. 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. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) Bullet wound thru skull DUE TO (B) Skull DUE TO (C) ---		INTERVAL BETWEEN ONSET AND DEATH Time not	
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 _____ IS _____ THAT I LAST SAW THE DECEASED ALIVE ON _____ AND THAT DEATH OCCURRED AT _____		22A. SIGNATURE [Signature]		22B. ADDRESS Bertrand, Maricopa, Ariz		22C. DATE SIGNED 9/6/58	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Suicide		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Hotel, Maricopa		23C. (CITY OR TOWN) (COUNTY) (STATE) Maricopa, Ariz, Ariz			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 4/29/1958		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Suicide.			
24A. CORONER'S SIGNATURE [Signature]		24B. ADDRESS Miami - Ariz		24C. DATE SIGNED 4-30-58			
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		25B. DATE 5-1-1958		25C. NAME OF CEMETERY OR CREMATORY Phoenix, Arizona		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
26A. DATE REC. BY LOCAL REG. 5/7/58		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS [Address]	
		28. EMBALMER'S SIGNATURE [Signature]		28B. EMBALMER'S CERT. NO. 3411A			