

CERTIFICATE OF DEATH

REGISTRAR'S NO. 706.

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY (IN THIS TOWN) (IN ARIZONA) <u>3 Mos</u> <u>20 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 type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (<u>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION</u>) <u>Gila General Hospital</u>				D. STREET ADDRESS <u>374 So. Hill St.</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Pat</u> B. (MIDDLE) C. (LAST) <u>O'Brien</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 DAY YEAR <u>5</u> <u>23</u> <u>1918</u>		8. AGE (IN YEARS) LAST BIRTHDAY MONTHS DAYS <u>40 Yrs</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVER IF RETIRED) <u>Laborer</u>	

9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Indiana</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>Yes</u> <u>WWII</u>		13. SOCIAL SECURITY NO. <u>Unk</u>			
14A. FATHER'S NAME <u>William O'Brien</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Indiana</u>			15A. MOTHER'S MAIDEN NAME <u>Nettie Baker</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Kansas</u>		

16. INFORMANT'S SIGNATURE <u>Mrs. Nettie Jones (By Telephone) Penn.</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct.</u> <u>26,</u> <u>1958</u>			
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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.		I. 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.				MEDICAL CERTIFICATION (A) <u>Cerebral hemorrhage</u> DUE TO (B) <u>Skull fracture</u> DUE TO (C) <u>Fall on the street</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>	
PLACE DISEASE CONTRACTED.		H. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							

18A. DATE OF OPERATION				18B. MAJOR FINDINGS OF OPERATION				19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 23, 1958</u> TO <u>Oct 26, 1958</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 26, 1958</u> , AND THAT DEATH OCCURRED AT <u>1:55 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
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22A. SIGNATURE <u>Dr. C. Kelly M.D.</u>				22B. ADDRESS <u>Box 23 Miami, Ariz.</u>				22C. DATE SIGNED <u>10-30-58</u>	
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE <u>accident</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>street</u>				23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Globe Gila Ariz.</u>			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Oct 23 59 PM</u>				23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Fell on the street.</u>			

24A. CORONER'S SIGNATURE <u>John Canfield</u>				24B. ADDRESS <u>Miami, Ariz.</u>				24C. DATE SIGNED <u>10-30-58</u>	
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25A. FUNERAL DIRECTOR'S SIGNATURE <u>McKeesport, Pennsylvania</u>		25B. DATE <u>10/30/1958</u>		25C. NAME OF CEMETERY OR CREMATORY <u>McKeesport, Pennsylvania</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>McKeesport, Pennsylvania</u>			
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26A. DATE REC. BY LOCAL REG <u>10-30-58</u>		26B. REGISTRAR'S SIGNATURE <u>Gene Hanslow</u>				27A. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. [Signature]</u>				27B. ADDRESS <u>[Address]</u>	
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28. EMBALMER'S SIGNATURE <u>[Signature]</u>				28B. EMBALMER'S CERT. NO. <u>[Number]</u>			
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14 OF DEATH AND RESIDENCE 0201
PRECEDENT 3
PERSONAL DATA 140
9035
CAUSE OF DEATH ITEM 18) 0
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 17
DEATH DUE TO EXTERNAL VIOLENCE 1
FUNERAL DIRECTOR AND REGISTRAR 17

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