

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 3195  
Registrar's No. 55

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Coolidge Dam Mile 600  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 2 months; In Arizona 4 months  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Texas; (b) County Wichita County; (c) City or Town Wichita Falls  
(If outside city limits also write RURAL)

(d) Street No. (Unknown) (e) Citizen of foreign country (Yes or No) No  
If Yes, which country U.S.A. (c) Social Security No. 449-20-0585

3. (a) FULL NAME Johnnie Madison Melton (b) If Veteran name war None

4. Sex male 5. Race White 6. (a) Single, married, widowed or divorced married  
 White  Indian  Negro  Oriental

6. (b) Name of husband Clara B. Melton 6. (c) Age of husband or wife, if alive 35 yrs.

7. Birthdate of deceased May 15, 1910  
(Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 12 hrs.  min.   
If less than one day

9. Birthplace Manum, Oklahoma (State or Country)

10. Usual Occupation welder-burner miner

11. Industry or Business mining-constr

Father { 12. Name Claiborn E. Melton  
13. Birthplace Shelby County, Texas (State or Country)

Mother { 14. Maiden Name Selma Bradshaw  
15. Birthplace unknown Oklahoma (State or Country)

16. (a) Informant's own signature Mrs. Clara B. Melton  
(b) Address 86 Cottonwood St. Claypool

17. (a) Burial, Cremation, Removal burial  
(b) Place Edobe Cemetery Date June 28, 1948

18. (a) Embalmer's Signature Frank R. Peaty  
(b) Funeral Director Frank R. Peaty  
(c) Address 38 S. Hill St. Globe, Ariz.

19. (a) June 28-48 (Date received Local Registrar)  
(b) June Waverlee (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 27, 1948  
TIME (Hour and minute) about 6:00 a.m. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.  
Immediate cause of death

Skull Fracture  
Due to car accident

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within three months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence June 27, 1948 Gila Co., Ariz.

(c) Where did injury occur? 1 mile West Coolidge Dam  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public, private road  
(Specify type of place)

While at work? no (e) Means of injury car accident

23. Signature Edith M. D. Coroner M. D.  
Address Globe, Ariz. Date signed 6-28-48