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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. REGISTRAR'S NO. 25

04 04 OF DEATH ND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Gila			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Rural, Miami		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA At work 20 yrs			
	D. FULL NAME OF HOSPITAL OR INSTITUTION #5 Shaft Miami Copper Co.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 226 Anderson St.			
DENT SONAL ATA 142 4 549	3. NAME OF DECEASED (TYPE OR PRINT) Timothy Eli Elmer			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR 5 23 1906	8. AGE YEARS MONTHS DAYS 42 11 22	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Miner	9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
	9B. KIND OF BUSINESS OR INDUSTRY Mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nephi, Utah	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 526-05-9181	15B. BIRTHPLACE (STATE OR COUNTRY) Utah
	14A. FATHER'S NAME Edward Elmer	14B. BIRTHPLACE (STATE OR COUNTRY) Iowa	15A. MOTHER'S MAIDEN NAME Charlotte Jarrett		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 15th 1949	
	16. INFORMANT'S SIGNATURE Mrs Katherine Elmer, Wife, Globe, 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		
CAUSE OF ATH M 20	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Not Known DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
ATIONS TOPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ATH E TO ERNAL NCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Miami Copper Co Mine		21C. (CITY OR TOWN) (COUNTY) (STATE) Miami Gila Ariz		
DICAL RONER'S ICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED LIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
NERAL ECTOR IND STRAR	23A. SIGNATURE John Carpenter - Coroner		23B. ADDRESS Miami, Ariz.		23C. DATE SIGNED 5-18-49	
	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE May 19 1949	24C. NAME OF CEMETERY OR CREMATORY Central, Arizona		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central, Arizona	
25A. DATE RECD BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE Frank A. Grady		26. FUNERAL DIRECTOR'S SIGNATURE Frank A. Grady - Globe, Arizona		