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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS *8161* STATE FILE NO. **6350**  
CERTIFICATE OF DEATH

07 07 DEATH 28 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE <b>Arizona</b> B. COUNTY <b>Mar.</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Peoria--rural</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Wickenburg</b>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>2 hr. 12 yrs.</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>87 N. Grant St.</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>El Mirage</b>			
1 1 ENT NAL A 145 4 V49	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Luther</b> B. (MIDDLE) <b>L.</b> C. (LAST) <b>Gilliam</b>			4. SEX <b>male</b>
	5. COLOR OR RACE <b>white</b>			
	6. MARRIED (NEVER MARRIED OR WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> )	7. DATE OF BIRTH (MONTH) <b>Feb.</b> (DAY) <b>4</b> (YEAR) <b>1901</b>	8. AGE (YEARS) <b>48</b> (MONTHS) <b>10</b> (DAYS) <b>1</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <b>Barber</b>
	9B. KIND OF BUSINESS OR INDUSTRY <b>Barbering</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Tennessee</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</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>527-14-3409</b>		14A. FATHER'S NAME <b>William Gilliam</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Tenn.</b>	
15A. MOTHER'S MAIDEN NAME <b>katie scruther</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Tenn.</b>		
16. INFORMANT'S SIGNATURE <b>Mrs. Grace Gilliam</b> ADDRESS <b>Box 701 Wickenburg, Ariz.</b>				
17. DATE OF DEATH (MONTH) <b>December</b> (DAY) <b>5</b> (YEAR) <b>1949</b>				
8161 18)	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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Multiple Fractures of face &amp; skull</b> DUE TO (b) <b>Cuts &amp; abrasions</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.)
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION
	19C. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
07 98 2 3	21A. ACCIDENT (SPECIFY) <b>Accident</b>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>Highway</b>	
	21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Peoria-Maverick, Ariz.</b>			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) <b>12 5 1949 6:15</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Head-on Collision</b>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <b>John L. Meyer Coronar &amp; office</b> (DEGREE OR TITLE)		23B. ADDRESS <b>Peoria Arizona</b>		
23C. DATE SIGNED <b>12/6/49</b>				
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>12/10/49</b>	24C. NAME OF CEMETERY OR CREMATORY <b>wickenburg cemetery</b>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>wickenburg, ariz.</b>				
25A. DATE REC'D BY LOCAL REG. <b>12-10-49</b>		25B. REGISTRAR'S SIGNATURE <b>A M Shell</b>		
26. FUNERAL DIRECTOR'S SIGNATURE <b>Charles R. Whitney</b> ADDRESS <b>309</b>		27. EMPALMER'S SIGNATURE <b>Charles R. Whitney</b>		