

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
	A. COUNTY <i>Gila</i>		A. STATE <i>Ariz</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>M. S. Hospital</i>		D. STREET ADDRESS <i>30 Van Windle Cafe</i>		

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE
	<i>Peggy Ann Philpot</i>			<i>Female</i>	<i>White</i>
	6. MARRIED (TYPE OR PRINT)	7. DATE OF BIRTH		8. AGE	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)
	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<i>Jan 20 1950</i>		<i>0 0 0</i>	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
<i>Miami Ariz.</i>	<i>Miami Ariz.</i>	<i>U.S.</i>	<i>no</i>	<i>no</i>	
14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)	
<i>J. G. Philpot Jr.</i>	<i>Oklahoma</i>	<i>Stella Mae Bell</i>		<i>Oklahoma</i>	
16. INFORMANT'S SIGNATURE		17. DATE OF DEATH			
<i>Varath A. Philpot</i>		<i>Jan 20 1950</i>			

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)		
	*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.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AT STATING THE UNDERLYING CAUSE LAST DUE TO (b); DUE TO (c); II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
<i>Stillborn</i>					

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
<i>3:00A, M</i>			

MEDICAL CORONER'S CERTIFICATION	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 <i>3A</i> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE (DEGREE OR TITLE)	23B. ADDRESS	23C. DATE SIGNED
<i>D. E. Lambrecht MD</i>	<i>Miami Ariz.</i>	<i>1-28-50</i>	

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION REMOVAL	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	<input checked="" type="checkbox"/> BURIAL	<i>Jan 21 - 1950</i>	<i>Forest Cemetery</i>	<i>Miami Ariz</i>
25A. DATE REC'D BY LOCAL REG.	25B. REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS
<i>Feb 2 1950</i>	<i>Armond D. Boyton</i>	<i>J. H. Philpot</i>		<i>Miami Ariz</i>
		27. EMBALMER'S SIGNATURE		CERT. NO.
		<i>J. H. Philpot</i>		