

264

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY <i>Maricopa</i>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Maricopa</i>			
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Wickenburg</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>39 days, 28 yrs</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Wickenburg</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>136 m. adams</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Community Hospital</i>							
3. NAME OF DECEASED A. (FIRST) <i>John</i>			B. (MIDDLE) <i>Franklin</i>	C. (LAST) <i>Hall</i>		4. SEX <i>male</i>	5. COLOR OR RACE <i>white</i>
6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH <i>April</i> DAY <i>19</i> YEAR <i>1871</i>		8. AGE YEARS <i>78</i> MONTHS <i>9</i> DAYS <i>29</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>machinist helper</i>		
9B. KIND OF BUSINESS OR INDUSTRY <i>machinist</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Kanada</i>	11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	13. SOCIAL SECURITY NO. <i>708-16-6916</i>			
14A. FATHER'S NAME <i>Minard Hall</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>unknown</i>		15A. MOTHER'S MAIDEN NAME <i>unknown</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>unknown</i>	
16. INFORMANT'S SIGNATURE <i>Frank H. Hall</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan 19 1950</i>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (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.	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>fractured ribs & pelvis</i>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Automobile accident</i>					<i>12-11-49</i>	
	DUE TO (c) <i>Shock, Seizure</i>						
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Seizure</i>						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>12-11-49 accident</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Street 1st & Front</i>		21C. (CITY OR TOWN) (COUNTY) (STATE) <i>Wickenburg Maricopa Arizona</i>			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>12 11 49 9AM</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Automobile accident</i>				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>12-11-49</i> IS <i>19</i> TO <i>1-18-50</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>1-18-50</i> AND THAT DEATH OCCURRED AT <i>9P</i> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE <i>Thyde Braderow MD.</i>				23B. ADDRESS <i>Wickenburg, Arizona</i>		23C. DATE SIGNED <i>1-21-50</i>	
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24B. DATE <i>1-21-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wickenburg</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Wickenburg Arizona</i>			
25A. DATE REC'D BY LOCAL REG. <i>1-21-50</i>	25B. REGISTRAR'S SIGNATURE <i>Maui Coffinger</i>			25C. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Coffinger, Wickenburg Arizona</i>			