

Bishop

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

645 A

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 811

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1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Globe</i>)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>33 yrs 33 yrs</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>50 1/2 Keystone Ave</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila General Hosp.</i>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Harry</i> B. (MIDDLE) <i>Middaugh</i> C. (LAST)			4. SEX <i>male</i>
5. COLOR OR RACE <i>White</i>			
6. MARRIED NEVER MARRIED WIDOWED DIVORCED	7. DATE OF BIRTH MONTH <i>April</i> DAY <i>21</i> YEAR <i>1887</i>	8. AGE YEARS <i>62</i> MONTHS <i>9</i> DAYS <i>16</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Police Officer</i>
9B. KIND OF BUSINESS OR INDUSTRY <i>Police</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Conway Tenn.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</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>564-245929</i>	14A. FATHER'S NAME <i>George Middaugh</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ariz.</i>	15A. MOTHER'S MAIDEN NAME <i>Mary E. McKeinnis</i>
15B. BIRTHPLACE (STATE OR COUNTRY) <i>Indiana</i>	16. INFORMANT'S SIGNATURE <i>Mrs. George Rose</i>		17. DATE OF DEATH (MONTH) <i>Feb</i> (DAY) <i>7</i> (YEAR) <i>1950</i>
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 CONTRACTION.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Peritonitis, diffuse</i> ANTECEDENT CAUSES (b) <i>Intestinal obstruction & bowel perforation</i> DUE TO (c) <i>Uremia</i> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
INTERVAL BETWEEN ONSET AND DEATH <i>5 day</i>			
19A. DATE OF OPERATION <i>February 1 1950</i>	19B. MAJOR FINDINGS OF OPERATION <i>Adherent band obstruction & perforation of bowel</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>30 January 1950</i> TO <i>7 February 1950</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>7 February 1950</i> AND THAT DEATH OCCURRED AT <i>9:00 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>William E. Bishop</i>		23B. ADDRESS <i>Globe Arizona</i>	23C. DATE SIGNED <i>Feb 8 1950</i>
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE <i>Feb 9, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
25A. DATE REC'D BY LOCAL REG. <i>Feb. 8-50</i>	25B. REGISTRAR'S SIGNATURE <i>Drew W. W. W.</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Rita G. Miller</i>	
		27. EMBALMER'S SIGNATURE <i>Hal McClure</i>	ADDRESS <i>Miami</i> CERT. NO. <i>314</i>