

CERTIFICATE OF DEATH

4 DEATH ID RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Globe</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>25 yrs 37 yrs</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lower Brook street</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Lower Brook street</i>	
ENT NAL A/N 9 350	3. NAME OF DECEASED A. (FIRST) <i>James</i> B. (MIDDLE) <i>John</i> C. (LAST) <i>McDougal</i>			4. SEX <i>male</i>
	6. MARRIED (TYPE OR PRINT) NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE <i>white</i>
	7. BIRTH (MONTH) <i>12</i> (DAY) <i>27</i> (YEAR) <i>1871</i>		8. AGE (YEARS) <i>39</i> (MONTHS) (DAYS)	
SE 7824 H 18)	9B. KIND OF BUSINESS OR INDUSTRY <i>mining</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>mechanical engineer</i>	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Canada</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</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.	
ONS PSY H TO HAL ICE AL NER'S ATION AL OR AR	14A. FATHER'S NAME <i>John Alper McDougal</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>North Carolina</i>	
	15. INFORMANT'S SIGNATURE <i>Ernest A. Macdougall</i>		15A. MOTHER'S MARDEN NAME <i>Eva Kitchin</i>	
	16. ADDRESS <i>Globe</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Canada</i>	
AL OR AR	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, ASTHMA, 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) <i>Natural Causes</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Heart Failure</i> 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	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
AL OR AR	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	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?			
AL OR AR	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 <i>Charles Shute</i>		23B. ADDRESS <i>Box 811 Globe, Ariz.</i>	
	23C. DATE SIGNED <i>3-11-50</i>			
AL OR AR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Mar 12 1950</i>	
	24C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe, Arizona</i>	
	25A. DATE REC'D BY LOCAL REG. <i>3-11-50</i>		25B. REGISTRAR'S SIGNATURE <i>Irene Wavelle</i>	
AL OR AR	26. FUNERAL DIRECTOR'S SIGNATURE <i>Ernest A. Macdougall</i>		26. ADDRESS <i>Globe, Ariz.</i>	
	27. EMBALMER'S SIGNATURE <i>Ernest A. Macdougall</i>		27. CERT. NO. <i>248-A</i>	