

CERTIFICATE OF DEATH

*407*  
*25*  
**DEATH**  
*5*  
*402*  
**SIDENCE**

**BIRTH NO.**

**1. PLACE OF DEATH**  
A. COUNTY *Bila*  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) *Miami*  
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA  
*5 yrs.* | *5 yrs.*  
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) *Miami Hosp Hospital*

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).  
A. STATE *Arizona*  
B. COUNTY *Bila*  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN *Miami*  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *91 Red Springs*

**REGISTRAR'S NO.** *17*

**3. NAME OF DECEASED**  
A. (FIRST) *Henry*  
B. (MIDDLE) *Core*  
C. (LAST) *Mc Brown*  
4. SEX *Male*  
5. COLOR OR RACE *White*

**6. MARRIED**  NEVER MARRIED  WIDOWED  DIVORCED

**7. DATE OF BIRTH**  
MONTH *June* DAY *21* YEAR *1898*  
8. AGE YEARS *51* MONTHS *8* DAYS *27*  
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). *Mine Operator*

**9B. KIND OF BUSINESS OR INDUSTRY** *Mining*  
**10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)** *Marietta Ga*  
**11. CITIZEN OF WHAT COUNTRY?** *U. S.*  
**12. WAS DECEASED EVER IN U. S. ARMED FORCES?** (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *Yes* | *World War 1*  
**13. SOCIAL SECURITY NO.** *41-18-0333*

**14A. FATHER'S NAME** *William Franklin Mc Brown*  
**14B. BIRTHPLACE (STATE OR COUNTRY)** *Mo.*  
**15A. MOTHER'S MAIDEN NAME** *Bell Jora Carpenter*  
**15B. BIRTHPLACE (STATE OR COUNTRY)** *Mo.*

**16. INFORMANT'S SIGNATURE** *Avis L. Wilson* ADDRESS *1322 Grand Phoenix*  
**17. DATE OF DEATH** (MONTH) *March* (DAY) *18* (YEAR) *1950*

**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) *Acute Cholecystitis of liver*  
ANCEDECENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. *?*  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

**INTERVAL BETWEEN ONSET AND DEATH** *2 months*

**19A. DATE OF OPERATION** *March 9<sup>th</sup> 50*  
**19B. MAJOR FINDINGS OF OPERATION** *Acute Cholecystitis of liver (non-obstructive)*  
**20. AUTOPSY?** YES  NO

**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  NOT WHILE AT WORK   
**21F. HOW DID INJURY OCCUR?**

**22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM** *March 1* 19*50* TO *March 18* 19*50* ALIVE ON *March 18* 19*50* AND THAT DEATH OCCURRED AT *2:47 PM* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

**23A. SIGNATURE** *J. Harris MD* (DEGREE OR TITLE)  
**23B. ADDRESS** *Miami, Ariz*  
**23C. DATE SIGNED** *3-21-50*

**24A. BURIAL**  CREMATION  REMOVAL   
**24B. DATE** *Mar. 21, 1950*  
**24C. NAME OF CEMETERY OR CREMATORY** *?*  
**24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)** *Muskegon Genve.*

**25A. DATE REC'D BY LOCAL REG.** *Mar 23 1950*  
**25B. REGISTRAR'S SIGNATURE** *Baron D. Dayton*  
**26. FUNERAL DIRECTOR'S SIGNATURE** *T. J. [unclear]*  
**27. EMBALMER'S SIGNATURE** *[unclear]*  
**CERT. NO.** *244*