

CERTIFICATE OF DEATH

REGISTRAR'S NO.

36

BIRTH NO.

|                    |   |  |  |  |
|--------------------|---|--|--|--|
| DEATH<br>IDENTENCE | 1. PLACE OF DEATH<br>A. COUNTY <i>Gila</i>  |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED,<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION).<br>A. STATE <i>Arizona</i> B. COUNTY <i>Mariquer</i> |  |
|                    | B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL)<br><i>Miami (Rural)</i>                      |  | C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL)<br><i>Goodyear</i>  |  |
|                    | C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)<br><i>no time</i>   <i>3 yr.</i>                   |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)<br><i>141 La Cienega</i>   |  |
|                    | D. FULL NAME OF HOSPITAL OR INSTITUTION (ADDRESS OR LOCATION)<br><i>Rural Station (highway)</i> |  |  |  |

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|--|--|--|---|--|---|
| IDENT<br>IAL<br>115<br>4<br>150  | 3. NAME OF DECEASED<br>(TYPE OR PRINT)<br>A. (FIRST) <i>Helen</i> B. (MIDDLE) <i>Louise</i> C. (LAST) <i>Palmer</i>                                |  |   | 4. SEX<br><i>Female</i>                                | 5. COLOR OR RACE<br><i>White</i>                      |
|  | 6. MARRIED (TYPE OR PRINT)<br>NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 7. DATE OF BIRTH<br>MONTH <i>March</i> DAY <i>8</i> YEAR <i>1915</i>  |  | 8. AGE<br>YEARS <i>15</i> MONTHS <i></i> DAYS <i></i> |
|  | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).<br><i>School (Student)</i>  |  | 9B. KIND OF BUSINESS OR INDUSTRY<br><i>None</i>   |  | 9C. CITIZEN OF WHAT COUNTRY?<br><i>U. S.</i>          |
|  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><i>Pryor Okla</i>   |  | 11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)<br><i>no</i> |  | 12. SOCIAL SECURITY NO.<br><i>none</i>                |
| 14A. FATHER'S NAME<br><i>Charles A. Palmer</i>                             |  | 14B. BIRTHPLACE (STATE OR COUNTRY)<br><i>Texas</i> |   | 15A. MOTHER'S MAIDEN NAME<br><i>Artie Mae Willgard</i> | 15B. BIRTHPLACE (STATE OR COUNTRY)<br><i>Okla.</i>    |
| 16. INFORMANT'S SIGNATURE<br><i>Charles A. Palmer</i>                      |  |  | ADDRESS<br><i>Goodyear Ariz.</i>  |  |   |
| 17. DATE OF DEATH<br>(MONTH) <i>May</i> (DAY) <i>28</i> (YEAR) <i>1950</i> |  |  |   |  |   |

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| 8234<br>H<br>18) | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).<br>† THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br>PLACE DISEASE CONTRACTED. |  | MEDICAL CERTIFICATION<br><i>Basal Skull Fracture</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>unknown</i> |
|                  | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)  |  | II. OTHER SIGNIFICANT CONDITIONS                     |  |  |
|                  | ANTECEDENT CAUSES<br>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  |  | DUE TO (b)   |  |  |
|                  |  |  | DUE TO (c)   |  |  |

|                                 |  |  |   |  |   |
|---------------------------------|--|--|---|--|---|
| ONS<br>SY<br>71<br>04<br>2<br>3 | 19A. DATE OF OPERATION<br><i>None</i>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|                                 | 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)<br><i>Auto Accident</i>             |  | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)<br><i>Roosevelt Hy at Burch</i> |  | 21C. (CITY OR TOWN) (COUNTY) (STATE)<br><i>6 miles from Miami Gila Ariz</i>         |
| AL<br>OR<br>AR                  | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY<br><i>May 28 1950 5 A.M.</i> |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>         |  | 21F. HOW DID INJURY OCCUR?<br><i>Auto driven off highway on curve</i>               |

|  |   |                                   |   |   |  |
|--|---|-----------------------------------|---|---|--|
| AL<br>OR<br>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 <i>5:02</i> P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE. |                                   |   |   |  |
|  | 23A. SIGNATURE<br><i>John Carpenter - Coroner</i>   |                                   | 23B. ADDRESS<br><i>Miami - Gila</i>                 |   | 23C. DATE SIGNED<br><i>6-15-50</i>                               |
|  | 24A. BURIAL CREMATION REMOVAL<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  |                                   | 24B. DATE<br><i>May 29, 1950</i>                    |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Greenwood Mem. Park</i> |
|  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><i>Phoenix Ariz</i>  |                                   | 25A. DATE REC'D BY LOCAL REG.<br><i>MAY 30 1950</i> |   | 25B. REGISTRAR'S SIGNATURE<br><i>Robert A. Taylor</i>            |
| 26. FUNERAL DIRECTOR'S SIGNATURE<br><i>Rita S. Miles</i> |   | 26. ADDRESS<br><i>Miami Ariz.</i> |   | 27. EMBALMER'S SIGNATURE<br><i>Pal M. Clout</i> | CERT. NO.<br><i>314</i>  |