

Brayton

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO

3410

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 43

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
	A. COUNTY <i>Gila</i>		A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Miami</i>)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN <i>Miami</i>)	
		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>30 yr. 30 yr.</i>	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>311 Finkertell</i>	
		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <i>311 Finkertell</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>311 Finkertell</i>

IDENTIFICATION TA 164 9 650	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE
	<i>William Rogers</i>			<i>Male</i>	<i>White</i>
	6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <input checked="" type="checkbox"/>			7. DATE OF BIRTH (MONTH, DAY, YEAR)	8. AGE (YEARS, MONTHS, DAYS)
			<i>Nov. 27 1885</i>	<i>67 6 16</i>	<i>Watchman</i>
9B. KIND OF BUSINESS OR INDUSTRY <i>Mine watchman</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Carbone Exp.</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>526-07-1037</i>
14A. FATHER'S NAME <i>Harry Rogers</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>England</i>	15A. MOTHER'S MAIDEN NAME <i>Eliza Nichols</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>England</i>	
16. INFORMANT'S SIGNATURE <i>Darry Rogers</i>			17. DATE OF DEATH (MONTH, DAY, YEAR) <i>June 15 1950</i>		

1501 USE IF 0 TH 0 181	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>				<i>Instant</i>
	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.)				

FUNCTIONS OPSY TH TO INAL NCE	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)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) (MIN)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

CAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>After death</i> 19... THAT I LAST SAW THE DECEASED ALIVE ON <i>June 1 1950</i> AND THAT DEATH OCCURRED AT <i>11:30 A.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE (DEGREE OR TITLE) <i>Nelson D. Brayton</i>	23B. ADDRESS <i>Miami Arizona</i>	23C. DATE SIGNED <i>June 20</i>

RAL TOR D RAR	24A. BURIAL (CREMATION, REMOVAL) <input checked="" type="checkbox"/>	24B. DATE <i>June 18, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinalo Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) STATE <i>Miami Ariz. 1050</i>
	25A. DATE REC'D BY LOCAL REG. <i>June 20 1950</i>	25B. REGISTRAR'S SIGNATURE <i>Nelson D. Brayton</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Rita S. Miles</i>	27. EMBALMER'S SIGNATURE <i>Hal M. Gault</i>
			ADDRESS <i>Miami Ariz.</i>	CERT. NO. <i>314</i>

Nelson D. Brayton