

CERTIFICATE OF DEATH

04 04 28 AND 5 PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)			
	A. COUNTY Gila		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Central Heights		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5mths 44yrs		A. STATE Arizona	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Inspiration Drive		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) Central Heights		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Inspiration Drive			
PRECEDENT PERSONAL DATA 169 7 050	3. NAME OF DECEASED A. (FIRST) Earl * B. (MIDDLE) ----- C. (LAST) Pierce			4. SEX male		5. COLOR OR RACE white		
	6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH Jan 27 1881		8. AGE YEARS 69 MONTHS 8 DAYS 17		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). ret. mining-asbestos	
	9B. KIND OF BUSI- NESS OR INDUSTRY ret. mining		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): no *****	
	14A. FATHER'S NAME Robert H. Pierce			14B. BIRTHPLACE (STATE OR COUNTRY): Texas		15A. MOTHER'S MAIDEN NAME unknown		15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE Mrs. Ettrude Pierce				ADDRESS P.O. Box 42228		17. DATE OF DEATH Oct. 14, 1950 at 8:15 p.m.		
CAUSE OF DEATH (ITEM 18)	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 FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Carcinoma of face				INTERVAL BETWEEN ONSET AND DEATH 1 year	
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
OPERATIONS, AUTOPSY	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)			
DEATH DUE TO (INTERNAL OR EXTERNAL TOLENE	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?			
	MEDICAL CORONER'S CERTIFICATION							
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 1950 TO Oct 14 1950 THAT I LAST SAW THE DECEASED ALIVE ON Oct. 14 1950 AND THAT DEATH OCCURRED AT 8:15 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
23A. SIGNATURE William E. Pashay M.D.				23B. ADDRESS Globe Arizona		23C. DATE SIGNED Oct. 15 1950		
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Oct. 17, 1950		24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Heights, ARIZ.	
	25A. DATE REC'D BY LOCAL REG. Oct. 17-50		25B. REGISTRAR'S SIGNATURE Gene Waullee		26. FUNERAL DIRECTOR'S SIGNATURE Gene James Walker		27. EMBALMER'S SIGNATURE Gene James Walker #323	