

CERTIFICATE OF DEATH

BIRTH NO.

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1. PLACE OF DEATH
A. COUNTY Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) Miami
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 1 day 11 hrs
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Miami Inspiration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION):
A. STATE Arizona B. COUNTY Gila
C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL, OR TOWN) Globe
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Box 1222

3. NAME OF DECEASED (TYPE OR PRINT) Charles Bentley Teague
A. (FIRST) B. (MIDDLE) C. (LAST)
4. SEX male
5. COLOR OR RACE white

6. MARRIED NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH Dec DAY 7 YEAR 1902 8. AGE YEARS 47 MONTHS 11 DAYS 17
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) mining-copper
9B. KIND OF BUSINESS OR INDUSTRY mining-copper
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 *****
13. SOCIAL SECURITY NO. 464-07-3857

14A. FATHER'S NAME William A. Teague
14B. BIRTHPLACE (STATE OR COUNTRY) Tennessee
15A. MOTHER'S MAIDEN NAME Mary Elizabeth Voos
15B. BIRTHPLACE (STATE OR COUNTRY) Missouri

16. INFORMANT'S SIGNATURE Joe Teague ADDRESS 41 North Tex
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 24, 1950 (TIME) 3P. m

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) Gunshot wound
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____
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 24 Hrs

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) Suicide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Place of business
21C. (CITY OR TOWN) (COUNTY) (STATE) Raypool Gila Ariz
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Nov 23 1950 3P M
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 _____ 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 (DEGREE OR TITLE) John Carpenter - Coroner
23B. ADDRESS Miami - Arizona
23C. DATE SIGNED 11-27-50

24A. BURIAL CREMATION REMOVAL
24B. DATE Nov. 28, 1950
24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona

25A. DATE REC'D BY LOCAL REG. Nov. 28 1950
25B. REGISTRAR'S SIGNATURE Arthur D. Bragton
25C. FUNERAL DIRECTOR'S SIGNATURE Gita S. Miles ADDRESS _____
25D. EMBALMER'S SIGNATURE Hal M. Gault CERT. NO. 314