

CERTIFICATE OF DEATH

REGISTRAR'S NO. 9

PLACE OF DEATH AND USUAL 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>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Claypool</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 0 0		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>125 East House</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Gila General Hosp.</i>				

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT): <i>Baby Morrison</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>Dec</i> DAY <i>15</i> YEAR <i>1951</i>	8. AGE YEARS <i>0</i> MONTHS <i>0</i> DAYS <i>0</i>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>None</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Globe Ariz.</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>None</i>
	14A. FATHER'S NAME <i>G. S. Morrison</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Monroe Okla.</i>	15A. MOTHER'S MAIDEN NAME <i>Wirian Grace Posey</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Gumbo Okla.</i>	
	16. INFORMANT'S SIGNATURE <i>H. H. Morrison</i>		ADDRESS <i>Claypool Ariz.</i>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Dec. 15 1951</i>	

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 FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Unknown</i>	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Unknown</i>		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (c) <i>Premature Birth - Born dead - macerated</i>		

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 EXTERNAL VIOLENCE	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 <i>15 Dec 1951</i> TO <i>15 Dec 1951</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>19</i> AND THAT DEATH OCCURRED AT <i>M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>N. O. Wheeler</i>	(DEGREE OR TITLE) <i>MD</i>	23B. ADDRESS <i>Globe Ariz.</i>

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Dec. 17, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cem.</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
	25A. DATE REC'D BY LOCAL REG. <i>2-2-52</i>	25B. REGISTRAR'S SIGNATURE <i>Jane Kausler</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>J. H. Wheeler</i>	ADDRESS <i>Miami Ariz.</i>
		27. EMBALMER'S SIGNATURE <i>J. H. Wheeler</i>	CERT. NO. <i>24402</i>	