

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 695

CERTIFICATE OF DEATH

|                              |   |                 |   |
|------------------------------|---|-----------------|---|
| BIRTH NO.                    |   | REGISTRAR'S NO. |   |
| PLACE OF DEATH AND RESIDENCE | 1. PLACE OF DEATH<br>A. COUNTY <u>Cochise</u>   |                 | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).<br>A. STATE <u>Ariz</u> B. COUNTY <u>Cochise</u>   |
|                              | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>St David</u>  |                 | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>St David</u>  |
|                              | D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center of town</u>   |                 | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>none</u>   |
| IDENTIFICATION               | 3. NAME OF DECEASED<br>A. (FIRST) <u>Gerald</u> B. (MIDDLE) C. (LAST) <u>Merrill</u>  |                 | 4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>  |
|                              | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED   |                 | 7. DATE OF BIRTH<br>MONTH <u>May</u> DAY <u>7</u> YEAR <u>1895</u>  |
|                              | 8. AGE YEARS <u>75</u> MONTHS <u>9</u> DAYS <u>4</u>  |                 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Forest Ranger</u>   |
|                              | 9B. KIND OF BUSINESS OR INDUSTRY <u>Forest Service</u>  |                 | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>   |
| FAMILY HISTORY               | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>  |                 | 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>   |
|                              | 13. SOCIAL SECURITY NO. <u>536-22-2896</u>  |                 | 14A. FATHER'S NAME <u>Philomson C. Merrill</u>  |
|                              | 14B. BIRTHPLACE <u>Washington</u>   |                 | 15A. MOTHER'S MAIDEN NAME <u>Lucinda Brown</u>  |
| DEATH                        | 16. INFORMANT'S SIGNATURE <u>James A. Connell</u> ADDRESS <u>St David</u>   |                 | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February 11 1951</u>  |
|                              | 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. |                 | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (b) <u>Hypertensive Cardiovascular Disease</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. |
| OPERATIONS                   | 19A. DATE OF OPERATION  |                 | 19B. MAJOR FINDINGS OF OPERATION  |
|                              | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                 |   |
| CIRCUMSTANCES                | 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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY   |                 | 21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |
| CALCULATION                  | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Nov 1950</u> TO <u>Feb 11 1951</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb 11 1951</u> AND THAT DEATH OCCURRED AT <u>8:50 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.     |                 | 23. DATE SIGNED <u>Feb. 11, 1951</u>  |
|                              | 23A. SIGNATURE <u>James A. Connell, M.D.</u> (DEGREE OR TITLE)  |                 | 23B. ADDRESS <u>Benson Ariz</u>   |
| BURIAL                       | 24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>   |                 | 24B. DATE <u>2-11-51</u>  |
|                              | 24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>   |                 | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>  |
| REGISTRATION                 | 25A. DATE REC'D BY LOCAL REG. <u>2-19-51</u>  |                 | 25B. REGISTRAR'S SIGNATURE <u>add on</u>  |
|                              | 26. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u> ADDRESS <u>Safford</u>   |                 | 27. EMBALMER'S SIGNATURE <u>W. H. Caldwell</u> CERT. NO. <u>291</u>   |