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CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Coolidge Dam	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 3 weeks life		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 30 miles East Globe, Highway 70	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital			

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charles B. (MIDDLE) Pinckney C. (LAST) Riggs			4. SEX male	5. COLOR OR RACE white
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6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Mar DAY 31 YEAR 1888	8. AGE YEARS 62 MONTHS 10 DAYS 21	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). irrigation service
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9B. KIND OF BUSI- NESS OR INDUSTRY irr. serv.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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. unknown
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14A. FATHER'S NAME Tom Riggs	14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Eula Lee Murray	15B. BIRTHPLACE (STATE OR COUNTRY) unknown
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16. INFORMANT'S SIGNATURE May B Riggs Coolidge Dam	ADDRESS Coolidge Dam	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Feb. 22, 1951 at 3:30 am
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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 CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS MORBID CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Duodenal ulcer (operation 2-2-51) Diabetes		

19A. DATE OF OPERATION Feb. 2, 1951	19B. MAJOR FINDINGS OF OPERATION Duodenal ulcer	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Jan. 1950** to **Feb. 22, 1951** THAT I LAST SAW THE DECEASED ALIVE ON **Feb. 22, 1951** AND THAT DEATH OCCURRED AT **3:30 p.m.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) T. C. Harper, M.D.	23B. ADDRESS Globe, Ariz.	23C. DATE SIGNED 2-22-51
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24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Feb. 24, 1951	24C. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phillips Arizona
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25A. DATE REC'D BY LOCAL REG. 2-22-51	25B. REGISTRAR'S SIGNATURE Gene Wauke	26. FUNERAL DIRECTOR'S SIGNATURE Jack James Walker	27. EMBALMER'S SIGNATURE Jack James Walker	ADDRESS Globe Arizona	CERT. NO. #323
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