

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

272  
PLACE OF DEATH  
AND  
RESIDENCE

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PERSONAL  
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| 1. PLACE OF DEATH<br>A. COUNTY <u>Maricopa</u>   |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).<br>A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>   |  |
| B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR RURAL) <u>Wickenburg</u>   |  | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 days 21 yrs.</u>  |  |
| D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>  |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>5 1/2 MI. E. Wickenburg</u>  |  |
| 3. NAME OF DECEASED<br>A. (FIRST) <u>Hiram</u> B. (MIDDLE) <u>Edwin</u> C. (LAST) <u>Lechenby</u>  |  |   | 4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u> |
| 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>  |  | 7. DATE OF BIRTH<br>MONTH <u>April</u> DAY <u>3</u> YEAR <u>1959</u>  |  |
| 8. AGE<br>YEARS <u>91</u> MONTHS <u>10</u> DAYS <u>8</u>   |  | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).<br><u>Retired Gold Mining</u>  |  |
| 9B. KIND OF BUSINESS OR INDUSTRY<br><u>mining</u>  |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><u>Vermont</u>   |  |
| 11. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)<br><u>no</u>   |  |
| 13. SOCIAL SECURITY NO.<br><u>none</u>   |  | 14A. FATHER'S NAME<br><u>unknown</u>  |  |
| 14B. BIRTHPLACE (STATE OR COUNTRY)<br><u>unknown</u>   |  | 15A. MOTHER'S MAIDEN NAME<br><u>unknown</u>   |  |
| 15B. BIRTHPLACE (STATE OR COUNTRY)<br><u>unknown</u>   |  | 16. DATE OF DEATH (MONTH) (DAY) (YEAR)<br><u>Feb. 11 1951</u>   |  |
| 16. INFORMANT'S SIGNATURE<br><u>Delores Lechenby, Wickenburg, Ariz.</u>  |  | 17. ADDRESS<br><u>Wickenburg, Ariz.</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 CONTACTED.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u><br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>old age</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. |  |
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>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)   |  |   |  |
| 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?   |  |   |  |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11/24/50</u> , 19 <u>50</u> TO <u>2/11/51</u> , 19 <u>51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>2/10/51</u> , 19 <u>51</u> AND THAT DEATH OCCURRED AT <u>8:45 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |   |  |
| 23A. SIGNATURE<br><u>P. A. Shannon MD</u>  |  | 23B. ADDRESS<br><u>Wickenburg, Arizona</u>  |  |
| 23C. DATE SIGNED<br><u>2-14-51</u>   |  |   |  |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>  |  | 24B. DATE<br><u>2-14-51</u>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><u>Wickenburg</u>  |  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><u>Wickenburg Ariz.</u>  |  |
| 25A. DATE REC'D BY LOCAL REG.<br><u>2-14-51</u>  |  | 25B. REGISTRAR'S SIGNATURE<br><u>Maomi Coffinger</u>  |  |
| 26. FUNERAL DIRECTOR'S SIGNATURE<br><u>H. L. Coffinger</u>   |  | 27. EMBALMER'S SIGNATURE<br><u>H. L. Coffinger</u>  |  |
| 27. CERT. NO.<br><u>188-A</u>  |  |   |  |