

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 16

04 04 OF DEATH AND 902 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE "RURAL") OR TOWN <i>Miami</i>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 1/2 yrs. 40 yrs.</i>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <i>Miami - Inv. Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>5 Hill St.</i>	

IDENT PERSONAL DATA 140 4 4-1	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Francis</i> B. (MIDDLE) <i>Clara</i> C. (LAST) <i>Richardson</i>			4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>May</i> DAY <i>29</i> YEAR <i>1910</i>	8. AGE YEARS <i>40</i> MONTHS <i>10</i> DAYS <i>7</i>	IF UNDER 24 HOURS HOURS <i>1</i> MIN. <i></i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Domestic</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Alma N. Mex.</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>Ulysses Casto</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Texas</i>	15A. MOTHER'S MAIDEN NAME <i>Terry Phillips</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Texas</i>	
16. INFORMANT'S SIGNATURE <i>W. Richardson</i>			ADDRESS <i>Miami Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>April 6 1951</i>	

190 X CAUSE OF DEATH M 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 CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Malignant melanoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 Yrs</i>
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS OPSY 2 ATH E TO INTERNAL ELENCE -	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)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

MEDICAL CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Dec 1 1950</i> TO <i>Apr. 6 1951</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Apr. 6 1951</i> AND THAT DEATH OCCURRED AT <i>5:45 P.M.</i> FROM THE CAUSE AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>E. Lambrecht M.D.</i>	(DEGREE OR TITLE)	23B. ADDRESS <i>Miami Ariz.</i>

GENERAL REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>April 9, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
	25A. DATE REC'D BY LOCAL REG. <i>4/12/51</i>	25B. REGISTRAR'S SIGNATURE <i>Nelson D. Brayton by Paula Gonzales</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>L. J. Del...</i> ADDRESS <i>244</i>
			27. EMBALMER'S SIGNATURE <i>L. J. Del...</i>	CERT. NO. <i>244</i>