

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 DATE OF DEATH ID 01 38 RESIDENCE	1. PLACE OF DEATH A. COUNTY Apache				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Apache				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN St. Johns			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 63 Yrs. 63 Yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN St. Johns			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION No name or number				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) No name or number				
2 IDENT 1 JAN TA 163 2 651 2044 USE IF ATH 0 A 18) 0	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) Alma C. (LAST) Mineer			4. SEX Male	5. COLOR OR RACE White				
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 6 27 87		8. AGE YEARS MONTHS DAYS 63 11 15		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Chainman		
	9B. KIND OF BUSINESS OR INDUSTRY Survey		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes World War 11		
	13. SOCIAL SECURITY NO. 526-01-0903		14A. FATHER'S NAME August Mineer		14B. BIRTHPLACE (STATE OR COUNTRY) Sweden		15A. MOTHER'S MAIDEN NAME Frances Ann White		
	15B. BIRTHPLACE (STATE OR COUNTRY) Utah		16. INFORMANT'S SIGNATURE Mrs. Gene S. Mineer				17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 12 1951		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Anoxia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAYING THE UNDERLYING CAUSE LAST. DUE TO (b) Anemia DUE TO (c) Leukemia II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.	
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 type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 5, 1951 TO June 12, 1951 THAT I LAST SAW THE DECEASED ALIVE ON June 12, 1951 AND THAT DEATH OCCURRED AT 10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23A. SIGNATURE (DEGREE OR TITLE) Newton E. McBride, M.D.		23B. ADDRESS St. Johns Ariz.		23C. DATE SIGNED June 15, 1951					
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE June 15, 1951		24C. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) St. Johns, Arizona.			
25A. DATE REC'D BY LOCAL REG. June 15, 1951		25B. REGISTRAR'S SIGNATURE Etta B. Heap		26. FUNERAL DIRECTOR'S SIGNATURE Dan B. Metz		27. EMBALMER'S SIGNATURE Dan B. Metz			
27. EMBALMER'S SIGNATURE Dan B. Metz		27. EMBALMER'S SIGNATURE Dan B. Metz		CERT. NO. 266 A					

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