

CERTIFICATE OF DEATH

REGISTRAR'S NO. 63.

BIRTH NO.

04 17  
PLACE OF DEATH  
AND  
0201  
LOCAL RESIDENCE  
5

1. PLACE OF DEATH  
A. COUNTY *Sila*  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) *Globe*  
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA *25 yrs. 25 yrs.*  
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) *Sila General Hosp.*

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).  
A. STATE *Ariz.*  
B. COUNTY *Pinal*  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN *Florence*  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *State Prison*

PRECEDENT 3  
PERSONAL DATA 4  
7

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) *Allen* B. (MIDDLE) *M.* C. (LAST) *Richardson*  
4. SEX *Male*  
5. COLOR OR RACE *White*  
6. MARRIED NEVER MARRIED WIDOWED  DIVORCED  
7. DATE OF BIRTH MONTH *July* DAY *23* YEAR *1951*  
8. AGE YEARS *37* MONTHS *0* DAYS *0*  
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). *Guard*  
9B. KIND OF BUSINESS OR INDUSTRY *Prison*  
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Ill. State U.S.*  
11. CITIZEN OF WHAT COUNTRY? *U.S.*  
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE DATES OF SERVICE) *Yes World War 1*  
13. SOCIAL SECURITY NO. *526-09-4379*  
14A. FATHER'S NAME *Unknown*  
14B. BIRTHPLACE (STATE OR COUNTRY) *Unknown*  
15A. MOTHER'S MAIDEN NAME *Unknown*  
15B. BIRTHPLACE (STATE OR COUNTRY) *Unknown*

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16. INFORMANT'S SIGNATURE *Information later from discharge* ADDRESS  
17. DATE OF DEATH (MONTH) *July* (DAY) *23* (YEAR) *1951*

CAUSE OF DEATH (ITEM 18)  
0  
0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* *Bichloride of Mercury poisoning*  
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) *-* DUE TO (c) *-*  
3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. *-*  
19. DATE OF OPERATION *None*  
19B. MAJOR FINDINGS OF OPERATION *-*  
20. AUTOPSY? YES  NO

OPERATIONS, AUTOPSY 2  
DEATH DUE TO EXTERNAL VIOLENCE X

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) *Suicide*  
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) *Home*  
21C. (CITY OR TOWN) (COUNTY) (STATE) *Miami - Sila - Arizona*  
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY *July 11, 1951 M*  
21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21F. HOW DID INJURY OCCUR? *He swallowed seven bichloride of mercury tablets intentionally.*

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *19* TO *19* THAT I LAST SAW THE DECEASED ALIVE ON *19* AND THAT DEATH OCCURRED AT *4:00 P.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.  
23A. SIGNATURE *T.C. Harper, M.D.* (DEGREE OR TITLE)  
23B. ADDRESS *Globe*  
23C. DATE SIGNED *Aug. 23, 1951*

FUNERAL DIRECTOR AND REGISTRAR 17

24A. BURIAL CREMATION REMOVAL   
24B. DATE *Aug 1, 1951*  
24C. NAME OF CEMETERY OR CREMATORY *Pinal cemetery*  
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) *Miami Ariz.*  
25A. DATE REC'D BY LOCAL REG. *Aug-5-51*  
25B. REGISTRAR'S SIGNATURE *James Wauson*  
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *J. J. Melton*  
27. EMBALMER'S SIGNATURE *J. J. Melton* CERT. NO. *2744*

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