

CERTIFICATE OF DEATH

REGISTRAR'S NO. **71**

BIRTH NO. _____

04 04 DEATH ND 19 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Globe</u>)	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>1 1/2 yrs. 1 1/2 yrs.</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN <u>Globe</u>)	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>439 South East st.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>439 South East street</u>	

1 + DENT 1 PERSONAL 75 ATA 7 951	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>John</u> B. (MIDDLE) <u>C.</u> C. (LAST) <u>Neely</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Nov</u> DAY <u>29</u> YEAR <u>1876</u>	8. AGE YEARS <u>75</u> MONTHS <u>7</u> DAYS <u>28</u>	IF UNDER 24 HOURS HOURS MIN. <u>XX XX</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>ret. millman</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Cattleman</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>TEXAS</u>	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	13. SOCIAL SECURITY NO. <u>(unknown)</u>	
14A. FATHER'S NAME <u>Joe C. Neely</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	15A. MOTHER'S MAIDEN NAME <u>Mary Neely</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown)</u>	
16. INFORMANT'S SIGNATURE <u>Mrs. Georgia Neely</u>			ADDRESS <u>Globe Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>September 27-1951 at 10:10 PM</u>	

001X CAUSE OF DEATH (M 18) 2 2	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)	<u>Coronary Thrombosis</u>		<u>2 hrs.</u>
	*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 CONTRACTION.	II. OTHER SIGNIFICANT CONDITIONS MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Chronic myocarditis possibly 5 yrs.</u> DUE TO (c) <u>Complicated by Silicosis</u> <u>Ch. Silicosis & Tuberculosis 10 yrs.</u>		<u>15 or 20 yrs.</u>

OPERATIONS, TAPSY 7 DEATH E TO FERNAL LENCE -	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?	

MEDICAL PRONER'S FICATION 2	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1948</u> TO <u>Sept 27, 1951</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Sept 27, 1951</u> , AND THAT DEATH OCCURRED AT <u>10:10 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE <u>K. E. Huffman</u>	(DEGREE OR TITLE) <u>MD.</u>	23B. ADDRESS <u>Box 2843 Globe Ariz.</u>	23C. DATE SIGNED <u>9-28-51</u>

GENERAL ECTOR AND ISTRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Oct 1-1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>
	25A. DATE REC'D BY LOCAL REG. <u>9-29-51</u>	25B. REGISTRAR'S SIGNATURE <u>Gene Warrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Wacker</u>	25. ADDRESS <u>Globe Arizona</u>
		27. EMBALMER'S SIGNATURE <u>Frank H. Halyo</u>		CERT. NO. <u>248-A.</u>

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