

CERTIFICATE OF DEATH

REGISTRAR'S NO. 77-

BIRTH NO. 74 07 OF DEATH 25 IND 29 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Pima</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Maricopa</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE CITY OR TOWN) <i>Rural</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Phoenix</i>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 0 12 <i>yr.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>2610 N 24th Ave.</i>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION <i>13 miles East Globe - Highway 60</i>				
IDENT 1 SONAL 1 ATA 165 4 051	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>John</i> B. (MIDDLE) <i>William</i> C. (LAST) <i>McCabe</i>			4. SEX <i>male</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>Nov</i> DAY <i>4</i> YEAR <i>1885</i>		8. AGE YEARS MONTHS DAYS <i>65 10 27</i>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Carpenter - County employee</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>unknown</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Brownsville, Ark.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
14A. FATHER'S NAME <i>John James McCabe</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ark.</i>		15A. MOTHER'S MAIDEN NAME <i>July Ann McCabe</i>	
15B. BIRTHPLACE (STATE OR COUNTRY) <i>Ark.</i>		16. INFORMANT'S SIGNATURE <i>J.P. McCabe Phoenix Ariz.</i>			
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>1st 1951</i>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Multiple fractures + injuries</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Auto Accident</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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? 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 <i>Approx Oct 1st 1951</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Auto Accident Oct 21 1951</i>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>examined body of deceased</i> TO <i>19</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>19</i> AND THAT DEATH OCCURRED AT <i>19</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>William E Probst MD</i>		23B. ADDRESS <i>Globe Arizona</i>		23C. DATE SIGNED <i>Oct 21 1951</i>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Oct 23-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rinal Cemetery</i>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Central Heights, Arizona</i>		25A. DATE REC'D BY LOCAL REG. <i>10-23-51</i>			
25B. REGISTRAR'S SIGNATURE <i>Gene Wampler</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Jesse James Wampler</i>		27. EMBALMER'S SIGNATURE <i>Jesse James Wampler #223</i>	

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