

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5619

CERTIFICATE OF DEATH

REGISTRAR'S NO. 44

BIRTH NO.

104 OF DEATH ND 19 RESIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>Gila</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>rural</u>)		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>0</u> <u>30 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 HOSPITAL OR ADDRESS OR LOCATION) <u>Highway 60-70 Claypool, Arizona.</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>896 North Willow street</u>		
1-4 DENT 4 ONAL TA 137 0 051 3164 OF ATH 0 M 18)0	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Randall</u> B. (MIDDLE) <u>T.</u> C. (LAST) <u>Sullivan</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>June</u> DAY <u>8</u> YEAR <u>1914</u>		8. AGE YEARS <u>37</u> MONTHS <u>3</u> DAYS <u>23</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>music-vender</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>music-vender</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>music-vender</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</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> <u>*****</u>	13. SOCIAL SECURITY NO. <u>550-05-4956</u>	
14A. FATHER'S NAME <u>Thomas Benjamin Sullivan</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown) TEXAS</u>	15A. MOTHER'S MAIDEN NAME <u>Dorothy Mary Edwards</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Globe, Arizona.</u>	
16. INFORMANT'S SIGNATURE <u>Therese Sullivan</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 1, 1951 approx 9:30 p.m.</u>			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE, DISEASE CONTACTED.	18. CAUSE OF DEATH I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Highway Auto Accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE <u>Accident</u>	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 <u>Oct 1 1951 9:45</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?					
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 _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE <u>John Carpenter</u>		23B. ADDRESS <u>MIAMI</u>		23C. DATE SIGNED <u>10-9-51</u>		
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>October 5, 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>2/10/9/51</u>	25B. REGISTRAR'S SIGNATURE <u>Richard D. Boyton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. M. ...</u>		27. EMBALMER'S SIGNATURE <u>W. H. M. ...</u>	
					CERT. NO. <u>2440</u>	