

CERTIFICATE OF DEATH

BIRTH NO. *16162*

REGISTRAR'S NO. *45*

DEATH 2 65 DENCE	1. PLACE OF DEATH				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.)							
	A. COUNTY <i>Bila</i>		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Miami</i>)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>4 Mos.</i>		A. STATE <i>Ariz.</i>		B. COUNTY <i>Bila</i>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Miami Ins. Hosp.</i>				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe Rural</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>104 Monroe St Central Heights</i>			
1 2 404 0 051 700 E H 18) 0	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX		5. COLOR OR RACE						
	A. (FIRST) <i>Tommy</i>	B. (MIDDLE) <i>Charles</i>	C. (LAST) <i>Olson</i>	Male		White						
	6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>Oct.</i> DAY <i>22</i> YEAR <i>1951</i>		B. AGE YEARS <i>0</i> MONTHS <i>0</i> DAYS <i>0</i>		IF UNDER 24 HOURS HOURS <i>7</i> MIN. <i>0</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>none</i>				
	9B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U. S.</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>none</i>				
	14A. FATHER'S NAME <i>George C. Olson</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Wash</i>		15A. MOTHER'S MAIDEN NAME <i>Rosa Palmer</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Eden Ariz.</i>					
16. INFORMANT'S SIGNATURE <i>George C. Olson</i>				ADDRESS		17. DATE OF DEATH (MONTH) <i>Oct.</i> (DAY) <i>22</i> (YEAR) <i>1951</i>						
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).	MEDICAL CERTIFICATION											
†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 CONTRACTED.	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Erythroblastosis fetalis</i>											
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____											
	DUE TO (c) _____											
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.											
ONS, SY 2	19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>none</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) (COUNTY) (STATE)						
1 0 AL CE -	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 <i>6:30 PM 22 Oct 51</i> TO <i>10:00 PM 22 Oct 51</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>22 Oct 51</i> AND THAT DEATH OCCURRED AT <i>10:00 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE. <i>24 Oct 1951</i>											
AL NER'S TION 1	23A. SIGNATURE <i>W. H. Gerlich</i> (DEGREE OR TITLE) <i>M.D.</i>				23B. ADDRESS <i>Miami, Arizona</i>			23C. DATE SIGNED <i>26 Oct 51</i>				
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Oct. 24, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe, Ariz.</i>						
AR 2	25A. DATE REC'D BY LOCAL REG. <i>Nov. 1, 1951</i>	25B. REGISTRAR'S SIGNATURE <i>Leason D. Rayton</i>			26. FUNERAL DIRECTOR'S SIGNATURE <i>L. H. Malin</i> ADDRESS <i>Miami Ariz.</i>			27. EMBALMER'S SIGNATURE <i>L. H. Malin</i> CERT. NO. <i>244</i>				