

CERTIFICATE OF DEATH

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Cochise					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Tombstone)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 6 1/2 hrs 10 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tombstone					
	D. FULL NAME OF HOSPITAL OR INSTITUTION Tombstone General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Fifth & Fremont					
IDENTIFICATION VATA 151 4 V.51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) GERALD B. (MIDDLE) LLOYD C. (LAST) KIRKHAM			4. SEX male	5. COLOR OR RACE white					
	6. MARRIED (NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH June DAY 5 YEAR 1900		8. AGE YEARS 51 MONTHS 6 DAYS 22	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Miner					
	9B. KIND OF BUSINESS OR INDUSTRY ore mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) So. Dakota		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. unknown		
	14A. FATHER'S NAME Wm. T. Kirkham		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		15A. MOTHER'S MAIDEN NAME Elizabeth Ervin		15B. BIRTHPLACE (STATE OR COUNTRY) Missouri			
	16. INFORMANT'S SIGNATURE <i>Viola Kirkham</i>				ADDRESS Tombstone, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 27 1951			
CAUSE OF DEATH USE OF ATH M 18)	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 CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Verdict of coroners jury - ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) "Died from brain injuries and excessive bleeding." DUE TO (c) excessive bleeding." II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 8 hours	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT (SPECIFY) suicide accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Abril mine - underground		21C. (CITY OR TOWN) (COUNTY) (STATE) Dragoon Mts. Cochise Ariz.		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY Dec. 26 1951 11:30 P.			
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? accidental blast while tamping powder hole.								
CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM seen after death ON 12-27 19 51 AND THAT DEATH OCCURRED AT 7:27 A.M. THE CAUSES AND ON THE DATE STATED ABOVE.									
	23A. SIGNATURE <i>John P. Schinas</i>			23B. ADDRESS Tombstone, Ariz.		23C. DATE SIGNED 12-27-51				
	23A. SIGNATURE (DEGREE OR TITLE) Coroner		23B. ADDRESS Tombstone, Ariz.		23C. DATE SIGNED 12-27-51					
REGISTRAR	24A. BURIAL (CREMATION REMOVAL) <input checked="" type="checkbox"/>		24B. DATE 12-30-51		24C. NAME OF CEMETERY OR CREMATORY Tombstone Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tombstone, Ariz.			
	25A. DATE REC'D BY LOCAL REG. 12-29-51		25B. REGISTRAR'S SIGNATURE <i>Margaret J. Maloney</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Adair</i>		ADDRESS BARBARD MORTUARY Bisbee, Ariz.			
				27. EMBALMER'S SIGNATURE <i>Arthur J. Adair</i>		CERT. NO. 260-A				

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