

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <i>Gila</i> C. CITY OR TOWN <i>Miami</i> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i># Hill - Claypool</i>	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 76 yrs 7 mos 26 days <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i> C. CITY OR TOWN <i>Miami</i> D. STREET ADDRESS <i># Hill Claypool</i> (IF RURAL, GIVE LOCATION)		3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Phillips</i> B. (MIDDLE) <i>Andrew</i> C. (LAST) <i>M^c Nair</i>	4. SEX <i>Male</i> 5. COLOR OR RACE <i>White</i>
		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Never married</i>	7. DATE OF BIRTH MONTH <i>8</i> DAY <i>8</i> YEAR <i>1898</i>	8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS.) DAYS <i>54 yrs</i> MONTHS <i>4</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Invalid</i>
14A. FATHER'S NAME <i>George M^c Nair</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Alabama</i>	15A. MOTHER'S MAIDEN NAME <i>Nancy Cornett</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Oklahoma</i>	17. DATE OF DEATH (DAY) <i>January 10,</i> (MONTH) <i>1953</i> (YEAR)	INTERVAL BETWEEN ONSET AND DEATH <i>18 months</i>
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. 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Primary carcinoma of the lung</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Spock defect due to birth injury</i> DUE TO (C)					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19C. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 19D. TIME (MONTH) (DAY) (YEAR) (HOUR) 19E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 19F. HOW DID INJURY OCCUR 19G. DATE OF OPERATION 19H. 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) 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>noon</i> 19 <i>8:30</i> TO <i>noon</i> 19 <i>8:30</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>noon</i> 19 <i>8:30</i> AND THAT DEATH OCCURRED AT <i>8:30</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23A. SIGNATURE <i>Ed. Colley M.D.</i> 23B. ADDRESS <i>Box 623 Miami Ariz</i> 23C. DATE SIGNED <i>1-13-53</i>					
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <i>Jan. 13-1953</i> 24C. NAME OF CEMETERY OR CREMATORY <i>Final Cemetery</i> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami, Arizona</i>					
25A. DATE REC'D BY LOCAL REG. <i>Jan 15 1953</i> 25B. REGISTRAR'S SIGNATURE <i>Richard Clayton</i> 26. FUNERAL DIRECTOR'S SIGNATURE <i>Walter M. ...</i> 27. EMBALMER'S SIGNATURE <i>Walter M. ...</i> 28. REGISTRAR'S SIGNATURE <i>Ed. Colley</i> 29. DATE SIGNED <i>1-13-53</i> 30. CERT. NO. <i>2448</i>					

W. Colley

14
71
5
AC OF DEATH
AND
UAL RESIDENCE

1
2
PERSONAL
DATA
154
153

CAUSE
OF
DEATH
(ITEM 18)

PERATIONS,
AUTOPSY

DEATH
DUE TO
EXTERNAL
VIOLENCE

MEDICAL
OR CORONERS
RTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR