

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

849

CERTIFICATE OF DEATH

BIRTH NO. *001* REGISTRAR'S NO. *371*

1. PLACE OF DEATH
A. COUNTY *Gila* 2. USUAL RESIDENCE
A. STATE *Ariz*
C. CITY *Miami* OR TOWN *Miami* IN CITY LIMITS OUTSIDE CITY LIMITS

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION *Gila General Hospital*

3. NAME OF DECEASED
A. (FIRST) *Olney* B. (MIDDLE) *I* C. (LAST) *Munn* 4. SEX *Male* 5. COLOR OR RACE *White*

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) *Never Married* 7. DATE OF BIRTH
MONTH *Mar* DAY *17* YEAR *1878* 8. AGE (IN YEARS) IF UNDER 1 YEAR: IF UNDER 24 HRS. DAYS MONTHS YEARS 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). *Painter*

9B. KIND OF BUSINESS OR INDUSTRY Bldg. *Painter* 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Kansas* 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. *None*

14A. FATHER'S NAME *Unknown* 14B. BIRTHPLACE (STATE OR COUNTRY) *Unknown* 15A. MOTHER'S MAIDEN NAME *Unknown* 15B. BIRTHPLACE (STATE OR COUNTRY) *Unknown*

16. INFORMANT'S SIGNATURE *Welfare Files* ADDRESS *Globe, Ariz.* 17. DATE (MONTH) OF DEATH *Feb.* (DAY) *14,* (YEAR) *1953*

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE (FOR (A), (B), (C)).
(A) *Pulmonary embolism* INTERVAL BETWEEN ONSET AND DEATH *2 days*
(B) *Cardio-renal disease*
(C) *Arteriosclerosis*

19. OTHER SIGNIFICANT 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 NO (COUNTY) _____ (STATE) _____

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) _____ (STATE) _____

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *Aug 14, 1952* TO *Feb. 14, 1953* THAT I LAST SAW THE DECEASED ALIVE ON *Feb. 14, 1953* AND THAT DEATH OCCURRED AT *5:45 P.* M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE *[Signature]* (DEGREE OR TITLE) *M.D.* 23B. ADDRESS *Globe, Arizona.* 23C. DATE SIGNED *2-17-53*

24A. BURIAL CREMATION REMOVAL 24B. DATE *Feb. 17, 1953* 24C. NAME OF CEMETERY OR CREMATORY *Pinal Cemetery* 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) *Miami, Arizona.*

25A. DATE REC'D BY LOCAL REG. *2-19-53* 25B. REGISTRAR'S SIGNATURE *[Signature]* 26. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* ADDRESS _____ 27. EMBALMER'S SIGNATURE *[Signature]* CENT. NO. *244A*