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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 4

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY: IN THIS TOWN 6 yrs. IN ARIZONA 50 yrs.
C. CITY OR TOWN: Miami — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): No. 3 Marion Canyon Lower Miami

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Miami — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No. 3 Marion Canyon Lower Miami

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mary B. (MIDDLE) Emilia C. (LAST) Reynolds
4. SEX: Fem
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
7. DATE OF BIRTH: MONTH Mar DAY 23 YEAR 1864
8. AGE (IN YEARS LAST BIRTHDAY): 88 — IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no (IF YES, WAR OR DATES OF SERVICE) no
13. SOCIAL SECURITY NO.: none
13A. FATHER'S NAME: George W. McKinney
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Mary Carter
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Hattie Reynolds — ADDRESS: Miami, Ariz.
17. DATE OF DEATH: (MONTH) Jan. (DAY) 9 (YEAR) 1953

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4500
+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS — 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 ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
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 Saw after death, 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 (DEGREE OR TITLE): Nelson D Brayton M.D.
23B. ADDRESS: Miami Ariz
23C. DATE SIGNED: Feb 4 53

24A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
24B. DATE: Jan. 12, 1953
24C. NAME OF CEMETERY OR CREMATORY: Douglas Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
25A. DATE REC'D BY LOCAL REG.: Jan 18 1953
25B. REGISTRAR'S SIGNATURE: Nelson D Brayton
26. FUNERAL DIRECTOR'S SIGNATURE: T. Wy Miller T. — ADDRESS: Miami Ariz
27. EMBALMER'S SIGNATURE: T. Wy Miller T. — CERT. NO.: 24482

FORM VS 2 REV. 4-15-52