

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1605

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE ARIZONA , B. COUNTY Gila	
C. CITY OR TOWN Miami		C. CITY OR TOWN Miami	
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami, Inspiration Hospital		D. STREET ADDRESS 408 Miami Gardens (Little Acres	
3. NAME OF DECEASED A. (FIRST) Frank B. (MIDDLE) Gilmore C. (LAST) Mc. Clure		4. SEX Male	
5. HARRIED, NEVER HARRIED, DIVORCED (SPECIFY) Married		5. COLOR OR RACE White	
6. DATE OF BIRTH MONTH Oct. DAY 31 YEAR 1890		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Stope Engineer	
9B. KIND OF BUSINESS OR INDUSTRY Copper Mine		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes World War I	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		13. SOCIAL SECURITY NO. 526-07-1764	
14A. FATHER'S NAME Henry L. McClure		15A. MOTHER'S MAIDEN NAME Ida Hultz	
16. INFORMANT'S SIGNATURE Donald B. McClure		17. DATE OF DEATH (MONTH) March. (DAY) 2, (YEAR) 1953	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH Immediate	
19A. DATE OF OPERATION March 2-1953 11⁴⁵ AM		19B. MAJOR FINDINGS OF OPERATION Caught in ore slide	
20. AUTOPSY 2		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT HOMICIDE Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Miami Copper Mine	
21C. (CITY OR TOWN) (COUNTY) (STATE) Miami Gila Ariz		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) March 2-1953 11⁴⁵ AM	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Caught in ore slide	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM LIVE ON . . . 19 . . . AND THAT DEATH OCCURRED AT . . . 19 . . . THAT I LAST SAW THE DECEASED		23A. SIGNATURE John Carpenter	
23B. ADDRESS Carexey		23C. DATE SIGNED 3-6-53	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE Mar. 5, '53	
24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
25A. DATE REC'D BY LOCAL REG. March 6 1953		25B. REGISTRAR'S SIGNATURE Alfred D. Drayton	
26. FUNERAL DIRECTOR'S SIGNATURE Alfred D. Drayton		27. EMBALMER'S SIGNATURE H. J. Miller	
28. ADDRESS 117		29. CERT. NO. 244A	