

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO:

1609

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <u>Gila</u> C. CITY OR TOWN <u>Miami</u>	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>2 Wks</u> <u>30 Yrs</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> C. CITY OR TOWN <u>Globe</u>		REGISTRAR'S NO. <u>17</u>
	D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS, OR LOCATION <u>Miami-Inspiration Hospital</u>		D. STREET ADDRESS <u>529 S. 3rd. St.</u>		IF RURAL, GIVE LOCATION <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
3. NAME OF DECEASED (TYPE OR PRINT) <u>Emmett L.</u>		C. (MIDDLE)	4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>
6. MARRIED, NEVER MARRIED, DIVORCED (SPECIFY) <u>Married</u>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>7</u> YEAR <u>1894</u>	8. AGE (IN YEARS) <u>58 Yrs.</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Mechanic</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Idaho</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
14A. FATHER'S NAME <u>John E. Poole</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>		15A. MOTHER'S MAIDEN NAME <u>Harriet Bitton</u>	
16. INFORMANT'S SIGNATURE <u>Della Poole</u>		ADDRESS <u>Globe, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>March</u> , (DAY) <u>1</u> , (YEAR) <u>1953</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>Stroke</u>		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Medical Certification</u>			
CAUSE OF DEATH (ITEM 18)		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>Due to (B)</u>			
OPERATIONS, AUTOPSY		11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>			
DEATH DUE TO EXTERNAL VIOLENCE		19A. DATE OF OPERATION <u>none</u>			
MEDICAL OR CORONER'S CERTIFICATION		21A. ACCIDENT SUICIDE HOMICIDE <u>no</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
FUNERAL DIRECTOR AND REGISTRAR		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) <u>1953</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
25A. DATE REC'D BY LOCAL REG. <u>Mar 6 1953</u>		25B. REGISTRAR'S SIGNATURE <u>Arley D. Brayton</u>		25C. DATE SIGNED <u>March 3-1953</u>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE <u>March 6, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Arley D. Brayton</u>		27. EMBALMER'S SIGNATURE <u>Arley D. Brayton</u>	
23A. SIGNATURE <u>Arley D. Brayton</u>		23B. ADDRESS <u>Miami, Arizona</u>		23C. DATE SIGNED <u>March 3-1953</u>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 6 1952</u> TO <u>1 MAR 1953</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>1 MAR 1953</u> . AND THAT DEATH OCCURRED AT <u>6:30</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (COUNTY) (STATE)			