

CERTIFICATE OF DEATH

BIRTH NO. 04 AND RESIDENCE 2201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 26 YRS 26 YRS		2. USUAL RESIDENCE A. STATE Arizona		C. CITY Globe		D. STREET 739 East Maple st.		E. COLOR OR RACE white	
	C. CITY Globe		D. STREET 739 East Maple st.		E. COLOR OR RACE white		F. SEX female		G. (LAST) Richardson		H. USUAL OCCUPATION housewife	
CEDENT PERSONAL DATA 184	3. NAME OF DECEASED A. (FIRST) Mrs. Savannah		B. (MIDDLE) Richardson		C. (LAST) Richardson		D. SEX female		E. COLOR OR RACE white		F. USUAL OCCUPATION housewife	
	G. (FIRST) Mrs. Savannah		H. (MIDDLE) Richardson		I. (LAST) Richardson		J. SEX female		K. COLOR OR RACE white		L. USUAL OCCUPATION housewife	
453	4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed		5. DATE OF BIRTH MONTH DAY YEAR Oct 7 1868		6. AGE (IN YEARS) LAST BIRTHDAY MONTHS DAYS 84 5 27		7. USUAL OCCUPATION DURING MOST OF LIFE, EVEN IF RETIRED. housewife		8. SOCIAL SECURITY NO. (unknown)		9. BIRTHPLACE (STATE OR COUNTRY) Texas	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		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. (unknown)		14. BIRTHPLACE (STATE OR COUNTRY) Missouri		15. MOTHER'S MAIDEN NAME Latitia Patterson	
00	16. FATHER'S NAME Black Bennett		17. DATE OF DEATH MONTH DAY YEAR April 4, 1953		18. TIME OF DEATH HOUR MIN. SEC. 9:25 a.m.		19. MEDICAL CERTIFICATION DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH Accelerated Cardiovascular DUE TO (B) - Cardiovascular DUE TO (C) - 11. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		20. INTERVAL BETWEEN ONSET AND DEATH Not definitely known		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. INTERVAL BETWEEN ONSET AND DEATH		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		22. HOW DID INJURY OCCUR?		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 3, 1953 AND THAT DEATH OCCURRED AT Globe, Arizona		23. SIGNATURE William E. Probst		24. ADDRESS Globe, Arizona		25. DATE SIGNED 4/4/53		26. THAT I LAST SAW THE DECEASED ON THE DATE STATED ABOVE.		27. DATE SIGNED	
	24. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		25. CITIZEN OF WHAT COUNTRY? U. S. A.		26. SOCIAL SECURITY NO. (unknown)		27. BIRTHPLACE (STATE OR COUNTRY) Texas		28. MOTHER'S MAIDEN NAME Latitia Patterson		29. USUAL OCCUPATION housewife	
2	28. NAME OF DECEASED A. (FIRST) James		B. (MIDDLE) Hacker		C. (LAST) Hacker		D. SEX male		E. COLOR OR RACE white		F. USUAL OCCUPATION housewife	
	29. NAME OF DECEASED A. (FIRST) James		B. (MIDDLE) Hacker		C. (LAST) Hacker		D. SEX male		E. COLOR OR RACE white		F. USUAL OCCUPATION housewife	
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