

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2966

CERTIFICATE OF DEATH

BIRTH NO. 404	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>11</u> Yrs <u>36</u> Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u>		REGISTRAR'S NO.													
	C. CITY OR TOWN <u>Miami</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS													
5 AND 71 IAL RESIDENCE 0402	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <u>Miami-Inspiration Hospital</u>				D. STREET ADDRESS <u>7 1/2 Dairy Canyon (Lower Miami)</u>															
	3. NAME OF DECEASED (TYPE OR PRINT) <u>Sam</u>		B. (MIDDLE) <u>Dalton</u>		C. (LAST) <u>Maxwell</u>		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>											
DECEDENT PERSONAL DATA 136	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		7. DATE OF BIRTH MONTH <u>Mar</u> DAY <u>6</u> YEAR <u>1917</u>		8. AGE (IN YEARS) IF UNDER 24 HRS. DAYS MONTHS YEARS <u>36</u> Yrs		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Truck Foreman</u>		13. SOCIAL SECURITY NO. <u>526-10-9468</u>											
	9B. KIND OF BUSI- NESS OR INDUSTRY <u>Copper Mine</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>											
553	14A. FATHER'S NAME <u>Owen Dalton Maxwell</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Lucy Crow</u>		17. DATE OF DEATH (DAY) (MONTH) (YEAR) <u>20</u> , <u>May</u> , <u>1953</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>											
	16. INFORMANT'S SIGNATURE <u>Mrs Jessie de Morice</u>		16. ADDRESS <u>Miami</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>4281</u> * THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.															
CAUSE OF DEATH (ITEM 18)	19A. DATE OF OPERATION										19B. MAJOR FINDINGS OF OPERATION									
	21A. ACCIDENT SUICIDE HOMICIDE										21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)									
PERATIONS, AUTOPSY	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) INJURY										21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>									
	21F. HOW DID INJURY OCCUR?										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
DEATH DUE TO EXTERNAL VIOLENCE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON _____ 19 _____ AND THAT DEATH OCCURRED AT _____ 19 _____										23A. SIGNATURE <u>W.S. Mendenhall M.D.</u>									
	23B. ADDRESS <u>Miami, Arizona</u>										23C. DATE SIGNED <u>May 21, 1953</u>									
MEDICAL OR CORONER'S ATIFICATION	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>										24B. DATE <u>May 24, 1953</u>									
	24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>										24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>									
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>5/24/53</u>										25B. REGISTRAR'S SIGNATURE <u>Nelson D. Brantton</u>									
	25C. FUNERAL DIRECTOR'S SIGNATURE <u>W.S. Mendenhall</u>										25D. ADDRESS <u>244A</u>									