

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **4835 B 418**
REGISTRAR'S NO. **93**

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Globe		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 Wks. 74 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE ARIZONA . C. CITY OR TOWN Miami		REGISTRAR'S NO. 93	
AL RESIDENCE 1201		3. NAME OF DECEASED A. (FIRST) James B. (MIDDLE) R. C. (LAST) Morris		D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS Gila General Hospital		4. SEX Male		5. COLOR OR RACE White	
DECEDENT PERSONAL DATA 175		6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		7. DATE OF BIRTH MONTH Apr. DAY 11 YEAR 1878		8. AGE (IN YEARS) LAST BIRTHDAY 75 Yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer	
4		9B. KIND OF BUSINESS OR INDUSTRY Copper Mine		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	
853		14A. FATHER'S NAME James R. Morris		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Lilly Stone		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio	
CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 332 X *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.		16. INFORMANT'S SIGNATURE Lillie Mitchem		ADDRESS Globe, Ariz.		17. DATE OF DEATH Aug. 21, 1953		13. SOCIAL SECURITY NO. 527-09-0197	
OPERATIONS, AUTOPSY		18. CAUSE OF DEATH 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cerebral thrombosis ANTECEDENT CAUSES DUE TO (B) Marked generalized arterio-sclerosis DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
MEDICAL OR CORONER'S CERTIFICATION		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) Aug 20 1953 4 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		23. STATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR 174		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 11 1953 TO Aug 21 1953 . THAT I LAST SAW THE DECEASED ALIVE ON Aug 20 1953 AND THAT DEATH OCCURRED AT 8-21-53 4 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE William E. Parshap		23B. ADDRESS (DEGREE OR TITLE) Box 150 Globe Ariz		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
DATE REC'D BY LOCAL REG. 8-31-53		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Aug. 23, 1953		24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		26. FUNERAL DIRECTOR'S SIGNATURE J. H. Mitchell	
AND REGISTRAR 174		25A. DATE REC'D BY LOCAL REG. 8-31-53		25B. REGISTRAR'S SIGNATURE James Havelle		27. EMPLOYER'S SIGNATURE J. H. Mitchell		CERT. NO. 24418	