

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY Gila
C. CITY OR TOWN Miami
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami Inspiration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED.)
A. STATE Arizona
C. CITY OR TOWN Globe
D. STREET ADDRESS 496 Euclid ave Box 1051

3. NAME OF DECEASED (TYPE OR PRINT)
Infant Martin Edwin McDaniel

4. SEX male 5. COLOR OR RACE White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
never married

7. DATE OF BIRTH (MONTH DAY YEAR)
Sept 16 1953

8. AGE (IN YEARS) (MONTHS) (DAYS)
1 12 40

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
infant

9B. KIND OF BUSINESS OR INDUSTRY
infant

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Miami, Arizona

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.
none

14A. FATHER'S NAME
Clarence E. McDaniel

14B. BIRTHPLACE (STATE OR COUNTRY)
Uvalde, Texas

15A. MOTHER'S MAIDEN NAME
Verna Ruth Lewellen

15B. BIRTHPLACE (STATE OR COUNTRY)
Alba, Okla.

16. INFORMANT'S SIGNATURE
Clarence E. McDaniel

17. DATE OF DEATH
September 17, 1953 at 8:55 p.m.

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
Prematurity

19. DATE OF OPERATION
1953

20. AUTOPSY?
YES NO

21. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)

21E. HOW DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 16 Sep 1953 TO 17 Sep 1953. THAT I LAST SAW THE DECEASED ALIVE ON 17 Sep 1953 AND THAT DEATH OCCURRED 8:55 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE
[Signature]

23B. ADDRESS (DEGREE OR TITLE)
PO Box 1857, Miami, Ariz 18 Sep 53

23C. DATE SIGNED

24A. BURIAL CREMATION REMOVAL

24B. DATE
Sept 18, 1953

24C. NAME OF CEMETERY OR CREMATORY
Avard Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Avard, Oklahoma.

25A. DATE REC'D BY LOCAL REG.
Sept 19 1953

25B. REGISTRAR'S SIGNATURE
[Signature]

25C. FUNERAL DIRECTOR'S SIGNATURE
[Signature]

26. ADDRESS
[Signature]

27. EMBALMER'S SIGNATURE
[Signature]

28. CERT. NO.
#320