

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7388

CERTIFICATE OF DEATH

| | | | | | | | | | |
|---|-------------------------------------|---|--|---|--|--|---|--|--|
| BIRTH NO. 04 04 CE OF DEATH 5 AND 71 AL RESIDENCE 0402 | 1. PLACE OF DEATH A. COUNTY Gila | | B. LENGTH OF STAY 14 yrs 11 yrs | | 2. USUAL RESIDENCE A. STATE Arizona | | REGISTRAR'S NO. | | |
| | C. CITY OR TOWN Miami | | IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Miami | | IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/> | | |
| D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS Miami-Inspiration Hospital | | | | D. STREET ADDRESS #2 Railroad Ave. (Lower Miami) | | | | E. COLOR OR RACE White | |
| 3. NAME OF DECEASED (TYPE OR PRINT) William C. Parkerson | | B. (MIDDLE) C. Parkerson | | 4. SEX Male | | 5. COLOR OR RACE White | | | |
| 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced | | 7. DATE OF BIRTH June 15 1887 | | 8. AGE (IN YEARS) 66 yrs. | | 9A. USUAL OCCUPATION Watchman | | 9B. DURING MOST OF LIFE, EVEN IF RETIRED. | |
| 9B. KIND OF BUSINESS OR INDUSTRY Copper Mine | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas. | | 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. 526-01-0540 | |
| 14A. FATHER'S NAME John F. Parkerson | | 14B. BIRTHPLACE (STATE OR COUNTRY) Texas. | | 15A. MOTHER'S MAIDEN NAME Ella Alexander | | 15B. BIRTHPLACE (STATE OR COUNTRY) Tenn. | | | |
| 16. INFORMANT'S SIGNATURE Fred Jackson | | ADDRESS Miami, Ariz. | | 17. DATE OF DEATH Dec. 21, 1953 | | 18. CAUSE OF DEATH MEDICAL CERTIFICATION DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Coronary of the lungs</i> | | INTERVAL BETWEEN ONSET AND DEATH 6 months. | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 19C. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 20. AUTOPSY? | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT SUICIDE HOMICIDE | | 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) (MIN) | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 21 Dec 1953 TO 21 Dec 1953 THAT I LAST SAW THE DECEASED ALIVE ON 21 Dec 1953 AND THAT DEATH OCCURRED AT 2:05 P M FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | 23A. SIGNATURE W. J. ... | | 23B. ADDRESS Miami, Arizona. | | 23C. DATE SIGNED 12/22/53 | | | |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> | | 24B. DATE Dec. 23, 1953 | | 24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona. | | | |
| 25A. DATE REC'D BY LOCAL REG. DEC 29 1953 | | 25B. REGISTRAR'S SIGNATURE Arnell D. ... | | 25C. REGISTRAR'S SIGNATURE Arnell D. ... | | 25D. REGISTRAR'S SIGNATURE Arnell D. ... | | 25E. CERT. NO. 2447A | |