

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE		REGISTRAR'S NO.	
4 04 PLACE OF DEATH 18 AND 48 USUAL RESIDENCE X-		A. COUNTY GILA		A. STATE ARIZONA		1	
		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) WINKELMAN		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN WINKELMAN		B. COUNTY GILA	
		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 12 Yrs. 23 Yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2nd. & RANDAL BOX 53			
		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2nd. & RANDAL					
		3. NAME OF DECEASED A. (FIRST) FLORA B. (MIDDLE) BELLE C. (LAST) NEWTON		4. SEX female		5. COLOR OR RACE white	
DECEASED PERSONAL DATA 172 7 154		6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH JAN. DAY 6 YEAR 1882		8. AGE YEARS 72 MONTHS _____ DAYS _____	
		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). SCHOOL TEACHER		9B. KIND OF BUSINESS OR INDUSTRY EDUCATOR		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.	
		14A. FATHER'S NAME D. FENCE		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown	
		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE ALBERT NEWTON		17. DATE OF DEATH (MONTH) (DAY) (YEAR) JANUARY 6, 1954	
		16. ADDRESS RAY, ARIZONA					
CAUSE OF DEATH ITEM 18)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (1), (2), (3), (4). 1723		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS, CHRONIC		INTERVAL BETWEEN ONSET AND DEATH YEARS	
		*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
OPERATIONS, AUTOPSY		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE		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) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL CORONER'S CERTIFICATION		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) James M. Walsh, M.D.		23B. ADDRESS Ray, Ariz.	
		23C. DATE SIGNED 1-7-54		24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE JAN. 8, 1954	
		24C. NAME OF CEMETERY OR CREMATORY DUDDLEY VILLE		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PINAL COUNTY ARIZONA			
FUNERAL DIRECTOR AND REGISTRAR		25A. DATE REC'D BY LOCAL REG. 1/8/54		25B. REGISTRAR'S SIGNATURE John F. Roberts		26. FUNERAL DIRECTOR'S SIGNATURE Byron M. Siffert	
				27. EMBALMER'S SIGNATURE Byron M. Siffert		ADDRESS HAYDEN, ARIZ. CERT. NO. 330	