

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 20

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>Life</b> IN ARIZONA <b>Life</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>		
	C. CITY OR TOWN <b>Miami</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Miami</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION <b>721 Merritt St.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>721 Merritt St.</b>		
EDENT	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Anna</b> B. (MIDDLE) <b>Ruth</b> C. (LAST) <b>Naegelin</b>			4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>	
	6B. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH <b>July</b> DAY <b>21</b> YEAR <b>1930</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>23 Yrs</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Invalid</b>
SONAL DATA	9B. KIND OF BUSINESS OR INDUSTRY <b>Invalid</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
	13. SOCIAL SECURITY NO. <b>None</b>		14A. FATHER'S NAME <b>Emil G. Naegelin</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>New Mexico</b>		15A. MOTHER'S MAIDEN NAME <b>Bessie Tipton</b>
454	16. INFORMANT'S SIGNATURE <i>E. Naegelin</i>			ADDRESS <b>Miami, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 10, 1954</b>	

CAUSE OF DEATH (M 18)	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE PER (A), (B), (C).) <b>151X</b>		MEDICAL CERTIFICATION			
	†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.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: <b>(A) Septicemic pleuropneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
ATIONS, TOSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>mentally retarded since birth.</b>			

ATH E TO ERNAL LENCE	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 <b>M</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

ICAL CORONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>4-10-54</b> 19 <b>54</b> , TO <b>4-10-54</b> 19 <b>54</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>4-10-54</b> 19 <b>54</b> , AND THAT DEATH OCCURRED AT <b>10:30 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) <i>P. S. Gallager M.D.</i>			23B. ADDRESS <b>Miami, Arizona.</b>		23C. DATE SIGNED <b>4/12/54</b>

ERIAL CTOR VID ITRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>April 13, 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>	
	25A. DATE REC'D BY LOCAL REG. <b>4/15/54</b>		25B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez Deputy</i>			26. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>		27. ADDRESS <b>2447</b>