

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 22

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY <input type="checkbox"/> IN THIS TOWN <input checked="" type="checkbox"/> IN ARIZONA <u>16 Mos</u> <u>16 Mos</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>			
	C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Miami Inspiration Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>3040 Hillcrest Ave.</u>			
DECEASED PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Samuel</u> B. (MIDDLE) <u>Joseph</u> C. (LAST) <u>Rawley</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
	6B. NAME OF SPOUSE <u>Bertha</u>		7. DATE OF BIRTH MONTH <u>Mar</u> DAY <u>1</u> YEAR <u>1889</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>65 Yrs</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Ice Cream Mngr.</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Canada</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No.</u>	13. SOCIAL SECURITY NO. <u>387-01-7423</u>			
	14A. FATHER'S NAME <u>William John Rawley</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Canada</u>	15A. MOTHER'S MAIDEN NAME <u>Eliza Brown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Canada</u>		
CAUSE OF DEATH (M 18)	16. INFORMANT'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>Miami, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 12, 1954</u>		
	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) <u>[Signature]</u> ‡ 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.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 Mos.</u>	
				ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			DUE TO (B) <u>Arteriosclerosis</u> DUE TO (C) _____	
OPERATIONS, TUPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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)			
METH E TO ERNAL LENCE	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?			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3-6</u> 19 <u>54</u> TO <u>4-12</u> 19 <u>54</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>4-12-54</u> AND THAT DEATH OCCURRED AT <u>9:45 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL CORONER'S SIGNATURE	23A. SIGNATURE (DEGREE OR TITLE) <u>[Signature]</u>			23B. ADDRESS <u>Miami, Arizona.</u>		23C. DATE SIGNED <u>4/13/54</u>		
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>April 15, 1954</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>	
REGISTRAR'S SIGNATURE	25A. DATE REC'D BY LOCAL REG. <u>4/28/54</u>		25B. REGISTRAR'S SIGNATURE <u>Paula Gonzalez</u> Deputy		26. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS CERT. NO. <u>24418</u>	