

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3276

CERTIFICATE OF DEATH

REGISTRAR'S NO. 170

PLACE OF DEATH 9 AND IAL RESIDENCE 0301	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <i>40yr 40yr</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY	
	C. CITY OR TOWN <i>Globe Ariz</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Globe</i> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila Co Hospital</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>557 - South Broad St</i>	
DECEDENT PERSONAL DATA 174 9 654	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>James</i> B. (MIDDLE) <i>F</i> C. (LAST) <i>McCormack</i>			4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>		7. DATE OF BIRTH MONTH <i>unknown</i> DAY <i>unknown</i> YEAR <i>1880</i>		8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS. LAST BIRTHDAY) MONTHS <i>74yr</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Merchant</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ireland</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
	14A. FATHER'S NAME <i>unknown</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ireland</i>		15A. MOTHER'S MAIDEN NAME <i>unknown</i>	
	16. INFORMANT'S SIGNATURE (Print) <i>Om W. A. Byrne</i>			ADDRESS <i>548 East St</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>June 21 - 1954</i>
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>4270</i> *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* (A) <i>Congestive Heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i>
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Mitral Insufficiency</i>			probably 10 yrs.
OPERATIONS, AUTOPSY	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)	
DEATH DUE TO EXTERNAL VIOLENCE	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 <i>Feb. 15, 1954</i> TO <i>June 21, 1954</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>June 21, 1954</i> . AND THAT DEATH OCCURRED AT <i>2:15 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL OR CORONER'S CERTIFICATION	23A. SIGNATURE (DEGREE OR TITLE) <i>T. C. Harper, M.D.</i>			23B. ADDRESS <i>Globe, Ariz.</i>		23C. DATE SIGNED <i>6-23-54</i>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>June 24-54</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>	
FUNERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe Arizona</i>		25A. DATE REC'D BY LOCAL REG. <i>6-24-54</i>		25B. REGISTRAR'S SIGNATURE <i>Gene Narslee</i>	
	26. FUNERAL DIRECTOR'S SIGNATURE <i>Frank W. Gray</i>		26. ADDRESS <i>Globe Ariz.</i>		27. EMBALMER'S SIGNATURE <i>Frank W. Gray</i>	