

13277
167

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4 PLACE OF DEATH 7 AND 25 RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 2 Yrs IN ARIZONA 2 Yrs		2. USUAL RESIDENCE A. STATE Arizona		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married	
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT 7 PERSONAL 2 DATA 163 4 654	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 508 Live Oak St.			
	3. NAME OF DECEASED A. (FIRST) Milford B. (MIDDLE) C. (LAST) Renfro			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		
PERSONAL DATA	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH Sept DAY 25 YEAR 1890		8. AGE (IN YEARS LAST BIRTHDAY) 63 yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Cook	
	9B. KIND OF BUSINESS OR INDUSTRY Cafe		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		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	
CAUSE OF DEATH ITEM 18) 2	14A. FATHER'S NAME John S. Renfro		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		15A. MOTHER'S MAIDEN NAME Emaline White		13. SOCIAL SECURITY NO. 526-05-0901	
	16. INFORMANT'S SIGNATURE Birth Certificate				17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 13, 1954		15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	
CAUSE OF DEATH ITEM 18) 2	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK (A), (B), (C). *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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				MEDICAL CERTIFICATION (A) Pulmonary Hemorrhage DUE TO (B) Pulmonary Tuberculosis DUE TO (C) for ad covered INTERVAL BETWEEN ONSET AND DEATH 5 days - years.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 1953 TO June 13, 1954 , THAT I LAST SAW THE DECEASED ALIVE ON June 13, 1954 , AND THAT DEATH OCCURRED AT 12:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE William E. Forshaw MD				22B. ADDRESS Globe, Arizona.		22C. DATE SIGNED 6/19/54	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6/18/54		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 6-21-54		26B. REGISTRAR'S SIGNATURE Dwaine Wausler		27A. FUNERAL DIRECTOR'S SIGNATURE J. H. ...		27B. ADDRESS Miami, Fla.	