

CERTIFICATE OF DEATH

REGISTRAR'S NO. 47

24 CE OF DEATH 71 AND 71 AL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>2 Mos. 42 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN <b>Miami</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
DECEDENT PERSONAL DATA 170	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>201 Copper St. Claypool</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>201 Copper St. (Claypool)</b>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Ora</b> B. (MIDDLE) <b>Myers</b> C. (LAST) <b>Fem.</b>			4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>
7 954	6B. NAME OF SPOUSE <b>Deceased</b>		7. DATE OF BIRTH MONTH DAY YEAR <b>Sept 28 1883</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>70 Yrs</b>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>New Mexico</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Housewife</b>
OPERATIONS, AUTOPSY	14A. FATHER'S NAME <b>George W. Lephiera</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Melissa Simms</b>		13. SOCIAL SECURITY NO. <b>None</b>
	16. INFORMANT'S SIGNATURE <b>A. A. Rigert</b>			ADDRESS <b>Mc Nary, Ariz.</b>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Sept 6, 1954</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>572 X</b> ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) <b>Acute progressive Uremia</b> DUE TO (B) <b>Chronic glomerular nephritis</b> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <b>Two months</b> <b>Four years</b> <b>Known</b>
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Rheumatic Cellulose</b>			<b>60 yrs.</b>
MEDICAL CERTIFICATION	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Sept 6, 1954</b> , AND THAT DEATH OCCURRED AT <b>10 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <b>Dr. Ruth C. Huffman - D.O.</b>		22B. ADDRESS <b>Globe, Arizona</b>		22C. DATE SIGNED <b>8/8/54</b>	
	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)	
CORONER'S CERTIFICATION	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?	
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>Sept. 8, 1954</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona.</b>
	26A. DATE REC. BY LOCAL REG. <b>Sept 15 1954</b>	26B. REGISTRAR'S SIGNATURE <b>Nelson D. Brayton</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>Terry J. ...</b>		27B. ADDRESS