

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 224

PLACE OF DEATH  
LAND 48  
RESIDENCE  
2201

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>life</u> IN ARIZONA <u>life</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>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Winkelman</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>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>grocery delivery</u>	

PRECEDENT 2  
PERSONAL DATA 1/08  
0  
V54

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Dr. James Allen</u> B. (MIDDLE) <u>1st twin</u> C. (LAST) <u>Parker</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>	
6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>7</u> YEAR <u>1954</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>---</u>	IF UNDER 1 YEAR MONTHS <u>---</u> DAYS <u>---</u>	IF UNDER 24 HRS. HOURS <u>8</u> MIN. <u>25</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>	13. SOCIAL SECURITY NO. <u>none</u>
14A. FATHER'S NAME <u>William Forest Parker</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Tennessee</u>	15A. MOTHER'S MAIDEN NAME <u>Mary B. Teague</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>
16. INFORMANT'S SIGNATURE <u>William F. Parker</u> ADDRESS <u>Winkelman Arizona</u>			17. DATE OF DEATH <u>Dec 7, 1954</u> (MONTH) (DAY) (YEAR) at <u>4:20 p.m.</u>		

CAUSE OF DEATH  
ITEM 18

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH † (A) <u>Prematurity (7 months)</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH
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OPERATIONS, AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-7-54, 1954, TO 12-7, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 12-7, 1954, AND THAT DEATH OCCURRED AT 4:20 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH DUE TO EXTERNAL VIOLENCE

22A. SIGNATURE (DEGREE OR TITLE) <u>Charles J. Ross, M.D.</u>	22B. ADDRESS <u>Globe</u>	22C. DATE SIGNED <u>12-7-54</u>
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
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FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Dec 11-1954</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>11-5-54</u>	26B. REGISTRAR'S SIGNATURE <u>Inez Wauke</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Wacker</u>	27B. ADDRESS <u>Globe Arizona</u>