

CERTIFICATE OF DEATH

REGISTRAR'S NO.

44

2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Arizona B. COUNTY Gila

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe Ariz

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 355 North Hill Dr

4. SEX Male 5. COLOR OR RACE White

IF UNDER 24 HOURS MIN. 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Stillborn

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) 13. SOCIAL SECURITY NO.

15A. MOTHER'S MAIDEN NAME (MONTH) (DAY) (YEAR)
Thelma Edgemo Nov 31-1952

15B. BIRTHPLACE (STATE OR COUNTRY) Illinois

17. DATE OF DEATH (MONTH) (DAY) (YEAR)
Stillborn

INTERVAL BETWEEN ONSET AND DEATH
Permanently - (6 1/2 months)

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Stillborn

ANTECEDENT CAUSES (b) Permanently - (6 1/2 months)

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. (c) Due to (c)

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT (SPECIFY) 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) 21E. INJURY OCCURRED WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 19 AND THAT DEATH OCCURRED AT 19 THAT I LAST SAW THE DECEASED

23A. SIGNATURE William M. Adoo 23B. ADDRESS Globe Arizona 23C. DATE SIGNED 5-31-52

24A. BURIAL (SPECIFY) 24B. DATE 5-31-52 24C. NAME OF CEMETERY OR CREMATORY Globe Ariz 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

25A. DATE REC'D BY LOCAL REG. 6-3-52 25B. REGISTRAR'S SIGNATURE Jane Havelle 26. FURNACE DIRECTOR'S SIGNATURE John Havelle 27. FURNACE DIRECTOR'S SIGNATURE John Havelle ADDRESS 248-A CERT. NO. 248-A

PLACE OF DEATH AND RESIDENCE

PRECEDENT

PERSONAL DATA

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR