

Harper

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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AND
1980
RESIDENCE
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12.

1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Payson</i>	
D. FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OF OCCUPATION INSTITUTION <i>Gila General Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Main St. Payson</i>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Andrew</i> B. (MIDDLE) <i>Milne</i> C. (LAST) <i>Gilbric</i>		4. SEX <i>Male</i> 5. COLOR OR RACE <i>White</i>	
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DATE OF BIRTH MONTH <i>June</i> DAY <i>13</i> YEAR <i>1876</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Harveying (Retiree)</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>General</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Scotland</i>		13. SOCIAL SECURITY NO. <i>526-14-6691</i>	
14A. FATHER'S NAME <i>David Gilbric</i>		15A. MOTHER'S MAIDEN NAME <i>Margaret Jarow</i>	
16. INFORMANT'S SIGNATURE <i>Harriet MacDeming</i>		17. DAY (MONTH) (YEAR) OF DEATH <i>22 (Jan) 1952</i>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Arterio-sclerosis</i> (b) <i>Terminal aneurysmal fibrosation</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. <i>(c) DUE TO (c)</i> 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>DUE TO (c)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 10 yrs.</i>	
19A. DATE OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) INJURY		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>JAN 22, 1952</i> TO <i>JAN 22, 1952</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>JAN 22, 1952</i> AND THAT DEATH OCCURRED AT <i>Globe, Ariz.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23B. ADDRESS (CITY OR TOWN) (COUNTY) (STATE) <i>Globe, Ariz.</i>	
23A. SIGNATURE <i>J. C. Harper, M.D.</i>		23C. DATE SIGNED <i>1-23-52</i>	
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/>		24B. DATE <i>Jan 26, 1952</i>	
25A. DATE REC'D BY LOCAL REG. <i>2-2-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cemetery Payson, Arizona</i>	
25B. REGISTRAR'S SIGNATURE <i>James Brumley</i>		26. FOREMAN'S SIGNATURE <i>[Signature]</i>	
27. EMERALD SIGNATURE <i>[Signature]</i>		27. EMERALD SIGNATURE <i>[Signature]</i>	
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