

CERTIFICATE OF DEATH

04 04 DATE OF DEATH AND 19 AT RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		REGISTRAR'S NO. <u>28</u>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>665 South East St.</u>			D. STREET ADDRESS <u>665 South East St</u>		
3. NAME OF DECEASED (TYPE OR PRINT) A. <u>Mrs. Maude Mae</u>			B. (MIDDLE) <u>Penn</u>		
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>27 yrs 39yrs</u>			4. SEX <u>fe</u>		
5. MARRIED NEVER MARRIED DIVORCED WIDOWED <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			5. COLOR OR RACE <u>white</u>		
6. DATE OF BIRTH <u>May 13 1883</u>			6. AGE <u>68</u>		
7. DATE OF BIRTH MONTH DAY YEAR			8. AGE		
9. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <u>housewife</u>		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri U. S. A.</u>			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, ***) <u>NO</u>		
14A. FATHER'S NAME <u>Edward Dougherty</u>			15B. BIRTHPLACE (COUNTRY) <u>unknown</u>		
16. INFORMANT'S SIGNATURE <u>Mrs. Karl Johnson</u>			17. DATE OF DEATH <u>March 19, 1952 at 4:00 a.m.</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). <u>Coronary thrombosis</u>			19. MEDICAL CERTIFICATION <u>Hypertension</u>		
19A. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE			21C. (CITY OR TOWN) (COUNTY) (STATE)		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)			21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1948 TO PRESENT TIME THAT I LAST SAW THE DECEASED ALIVE ON DEATH 3-19-52 AND THAT DEATH OCCURRED AT 4:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23B. ADDRESS <u>Globe</u>		
23A. SIGNATURE <u>J. Alexander J. Good, M.D.</u>			23C. DATE SIGNED <u>3.20.52</u>		
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>		
25A. DATE REC'D BY LOCAL REG. <u>3-21-52</u>			25B. REGISTRAR'S SIGNATURE <u>Jane Wheeler</u>		
25C. DATE REC'D BY LOCAL REG.			27. FUNERAL DIRECTOR'S SIGNATURE <u>Jane Wheeler</u>		
25D. LOCAL REG.			27. EMBALMER'S SIGNATURE <u>J. J. Wheeler</u>		
25E. LOCAL REG.			ADDRESS <u>Globe, Arizona</u>		
25F. LOCAL REG.			CERT. NO. <u>#323</u>		