

CERTIFICATE OF DEATH

BIRTH NO.  04 09 CE OF DEATH 19 AND 2 27 98 AL RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Gila B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTE Gila General Hospital		2. USUAL RESIDENCE A. STATE Arizona C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Showlow D. STREET ADDRESS Box E. Showlow		3. NAME OF DECEASED (TYPE OR PRINT) Mrs. Josephine Corella Reidhead B. (MIDDLE) Corella C. (LAST) Reidhead		4. SEX female 5. COLOR OR RACE white		
	6. MARRIED NEVER MARRIED DIVORCED WIDOWED 7. DATE OF BIRTH YEAR MONTH DAY 1888 July 20 8. AGE YEARS MONTHS DAYS 63 7 4 9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) housewife 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S. A. Taylor, Arizona 11. CITIZEN OF WHAT COUNTRY U. S. A. 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (*** WAR OR DATES OF SERVICE) NO 13. SOCIAL SECURITY NO. NONE 14A. FATHER'S NAME Joseph Kay 14B. BIRTHPLACE (STATE OR COUNTRY) Utah 15A. MOTHER'S MAIDEN NAME Margaret Walker 15B. BIRTHPLACE (STATE OR COUNTRY) Illinois 17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 24, 1952 at 10:30 a.m.		16. INFORMANT'S SIGNATURE Mrs. Lloyd Roberts - Spokesperson ADDRESS Spokesperson		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema, Bronchopneumonia (b) Multiple fractures of (c) Fracture of Pelvis - Sac. Bladder * THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE OR INJURY, OR COM- PLEXION WHICH CAUSED DEATH. 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
PERATIONS, AUTOPSY 1	21A. ACCIDENT SUICIDE HOMICIDE Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FACTORY, STREET, OFFICE BLDG., ETC.) Globe		21C. (CITY OR TOWN) Globe		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) M 1952 Mar 24		
DEATH DUE TO EXTERNAL VIOLENCE	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto mobile		21G. ADDRESS Globe		21H. DATE SIGNED 26 Mar 52		
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 18 Mar 1952 TO 24 Mar 1952 THAT I LAST SAW THE DECEASED ALIVE ON 24 Mar 1952 AND THAT DEATH OCCURRED AT 10:30 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							23. ADDRESS Globe	23C. DATE SIGNED 26 Mar 52
FUNERAL DIRECTOR AND REGISTRAR 17 2	24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input checked="" type="checkbox"/>		24B. DATE March 27, 1952		24C. NAME OF CEMETERY OR CREMATORY Showlow Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Showlow, Arizona		
	25A. DATE REC'D BY LOCAL REG. 2-26-52		25B. REGISTRAR'S SIGNATURE Irene Krawinkel		25C. FUNERAL DIRECTOR'S SIGNATURE Gene James Walker		25D. ADDRESS Globe, Arizona		
	26. REGISTRAR'S SIGNATURE Gene James Walker		27. EMBALMER'S SIGNATURE Gene James Walker		28. ADDRESS Globe, Arizona		29. CERT. NO. #323		