ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2404

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1054

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA): 6 Weeks 20 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 449 S. Alles Dr.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): WILL
B. (MIDDLE):
C. (LAST): GALLGER

4. SEX: Male
5. COLOR OR RACE: White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 10 DAY 15 YEAR 90
8. AGE: YEARS 61 MONTHS 6 DAYS 6
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: John Gallger
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Ubknown
15B. BIRTHPLACE (STATE OR COUNTRY): Uk.
16. INFORMANT'S SIGNATURE: Maude Gallger-Tollison, Ariz. ADDRESS
17. DATE OF DEATH (MONTH) April (DAY) 21 (YEAR) 1952

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 140 X
+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 CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Hemorrhage
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Carcinoma Lip c̄ Cervical Metastasis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 16, 1952 TO April 21, 1952 THAT I LAST SAW THE DECEASED ALIVE ON April 20, 1952 AND THAT DEATH OCCURRED AT 4:45A FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Charles E Kindrum (DEGREE OR TITLE) MD
23B. ADDRESS: County Hospital; Phoenix, Ariz.
23C. DATE SIGNED: 21 Apr 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 4-24-52
24C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.
25A. DATE REC'D BY LOCAL REG.: 4/29/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary ADDRESS: Mesa, Ariz.
27. EMBALMER'S SIGNATURE: Charles R. Whitney CERT. NO. 309

FORM VS 2 REV. 2-50

510 246