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(3)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2763

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 41.

4 04 OF DEATH AND 19 RESIDENCE 5

1. PLACE OF DEATH
A. COUNTY Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe
C. LENGTH OF STAY IN THIS PLACE 40 Yrs IN ARIZONA 46 Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 301 Blake St.

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) OR TOWN Globe
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 301 Blake St.

CEDENT 1 RSONAL 1 DATA 167 7 552

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Frank B. (MIDDLE) Ernest C. (LAST) Black
4. SEX Male
5. COLOR OR RACE White
6. MARRIED ☒ NEVER MARRIED WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH MONTH April DAY 1 YEAR 1885
8. AGE YEARS 67 MONTHS 1 DAYS 21
IF UNDER 24 HOURS HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Boilermaker
9B. KIND OF BUSINESS OR INDUSTRY Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. 527-03-2482
14A. FATHER'S NAME Unknown
14B. BIRTHPLACE (STATE OR COUNTRY) Unknown
15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Jno W Black ADDRESS Globe Ariz
17. DATE OF DEATH (MONTH) May (DAY) 22, (YEAR) 1952

CAUSE OF DEATH (ITEM 18) 8

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 1997
+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) malnutrition — INTERVAL BETWEEN ONSET AND DEATH 1 month.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) metastatic bronchiogenic carcinoma — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

RATIONS, UTOPSY 2

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

DEATH DUE TO TERNAL IOLENCE

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?

EDICAL CORONER'S TIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM December 1949 TO 5-20 1952 THAT I LAST SAW THE DECEASED ALIVE ON 5-20 1952 AND THAT DEATH OCCURRED AT 90 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) Lee Collapy M.D.
23B. ADDRESS Box 623 Miami Ariz
23C. DATE SIGNED 5-24-52

UNERAL IRECTOR AND GISTRAR 17 2

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE May 24, 1952
24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona
25A. DATE REC'D BY LOCAL REG. 5-28-52
25B. REGISTRAR'S SIGNATURE Irene Wansley
26. FUNERAL DIRECTOR'S SIGNATURE T. Hoy Miles — ADDRESS Miami Ariz
27. EMBALMER'S SIGNATURE T. Hoy Miles — CERT. NO. 2448

503206

FORM VS 2 REV. 8-50 20M