

CERTIFICATE OF DEATH

BIRTH NO. 404 OF DEATH AND RESIDENCE 65	1. PLACE OF DEATH A. COUNTY <i>Yuma</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i>		REGISTRAR'S NO.	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Globe - Pinal</i>		B. COUNTY <i>Gila</i>	
CEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <i>Gina</i> B. (MIDDLE) <i>Roella</i> C. (LAST) <i>Pearson</i>		4. SEX <i>Female</i>		5. COLOR OR RACE <i>White</i>	
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Dec</i> DAY <i>20</i> YEAR <i>1889</i>		8. AGE YEARS <i>62</i> MONTHS <i>3</i> DAYS <i>14</i>	
CAUSE OF DEATH (FEM 18)	9. KIND OF BUSI- NESS OR INDUSTRY <i>Housewife</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Denmark</i>		11. CITIZEN OF WHAT COUNTRY? <i>Denmark</i>	
	14A. FATHER'S NAME <i>John G. Holte</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Norway</i>		15A. MOTHER'S MAIDEN NAME <i>Christina Tolken</i>	
RATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE <i>E. O. Pearson</i>		17. DATE OF DEATH (MONTH) <i>April</i> (DAY) <i>7</i> (YEAR) <i>1952</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Norway</i>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a); (b); (c). <i>MI</i> * THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		19. MAJOR FINDINGS OF OPERATION <i>MI</i>		19B. MAJOR FINDINGS OF OPERATION <i>MI</i>	
DEATH DUE TO INTERNAL DISEASE	21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL CORONER'S NOTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>6-5</i> 1952 TO <i>4-9</i> 1952 THAT I LAST SAW THE DECEASED ALIVE ON <i>4-5</i> 1952 AND THAT DEATH OCCURRED AT <i>1008</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>W. E. Lambrecht</i>		23B. ADDRESS <i>Miami, Ariz.</i>	
	24A. BURIAL REMOVAL <input checked="" type="checkbox"/>		24B. DATE <i>April 7, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	
GENERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <i>APR 22 1952</i>		25B. REGISTRAR'S SIGNATURE <i>Alton D. Dayton</i>		25C. DATE SIGNED <i>4-8-52</i>	
	26. SUNDAY DIRECTOR'S SIGNATURE <i>W. E. Lambrecht</i>		26. SUNDAY DIRECTOR'S SIGNATURE <i>W. E. Lambrecht</i>		26. SUNDAY DIRECTOR'S SIGNATURE <i>W. E. Lambrecht</i>	