(2)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4984

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 58

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Globe
C. LENGTH OF STAY IN THIS PLACE: 56yrs; IN ARIZONA: 56yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 381 West Mesquite st.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Globe
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 381 West Mesquite st.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mary B. (MIDDLE) Elizabeth (Minnie) C. (LAST) Davies
4. SEX: female
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH May DAY 20 YEAR 1872
8. AGE: YEARS 80 MONTHS 2 DAYS 2
IF UNDER 24 HOURS: HOURS **** MIN. *****
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): housewife
9B. KIND OF BUSINESS OR INDUSTRY: housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Scorier, England
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE): *****
13. SOCIAL SECURITY NO. 559-05-5221B
14A. FATHER'S NAME: Joel Hampton
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Mary Elizabeth Hampton
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Richard Davies ADDRESS: Globe Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): July 22, 1952 at 11:00 a.m.

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
+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) Starvation — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Obstructive Peptic Ulcer
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old age

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April, 1952 TO 22 July, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 22 July, 1952 AND THAT DEATH OCCURRED AT 11:00 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: N. D. Wheeler M.D. DEGREE OR TITLE
23B. ADDRESS: Globe Arizona
23C. DATE SIGNED: 23 July '52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: July 27, 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.: 7-24-52.
25B. REGISTRAR'S SIGNATURE: Irene Wardle
26. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Walker ADDRESS: Globe, Arizona
27. EMBALMER'S SIGNATURE: Jesse James Walker CERT. NO. #323

FORM VS 2 REV. 8-50 20M