ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4530

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 64.

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: 2 weeks; IN ARIZONA: 30yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gila General Hospital

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): 1147 Monroe St. Box 1407

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Claud B. (MIDDLE) ----- C. (LAST) Jones
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH (MONTH, DAY, YEAR): Sept 19 1893
8. AGE: YEARS 58 MONTHS 10 DAYS 23; IF UNDER 24 HOURS: HOURS #### MINUTES ####
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): carpenter
9B. KIND OF BUSINESS OR INDUSTRY: carpenter
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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. 526-09-5026
14A. FATHER'S NAME: Rufus R. Jones
14B. BIRTHPLACE (STATE OR COUNTRY): (unknown)
15A. MOTHER'S MAIDEN NAME: Verona Elizabeth Earhart
15B. BIRTHPLACE (STATE OR COUNTRY): (unknown)
16. INFORMANT'S SIGNATURE: Mrs Ema Jones (wife) ADDRESS: Globe Ariz

17. DATE OF DEATH (MONTH) (DAY) (YEAR): August 12, 1952 at 10:25 a.m.

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE (a), (b), (c). 5810

+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) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: About 3 years

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

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: none
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 Aug. 1, 1951 TO Aug. 12, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Aug. 11, 1952 AND THAT DEATH OCCURRED AT 12:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): T. C. Harper, M. D.
23B. ADDRESS: Globe, Ariz.
23C. DATE SIGNED: 8-12-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Aug 14, 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.: 8-14-52
25B. REGISTRAR'S SIGNATURE: Irene Maude
26. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Walker ADDRESS: Globe, Arizona.
27. EMBALMER'S SIGNATURE: Jesse James Walker CERT. NO. #323

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FORM VS 2 REV. 8-50 20M