

CERTIFICATE OF DEATH

1. PLACE OF DEATH
A. COUNTY **Gila**
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Globe**
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **week**
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **60-70 Motel - East Globe**

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE **California**
B. COUNTY **Los Angeles**
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Hollywood**
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **1103 North Vine St.**
(LAST)
E. COLOR OR RACE **white**
F. SEX **male**
G. 4. SEX **male**
H. 5. COLOR OR RACE **white**
I. 6. MARIED NEVER MARRIED DIVORCED WIDOWED
J. 7. DATE OF BIRTH **NOV 21 1908**
K. 8. AGE **43** YEARS **9** MONTHS **21** DAYS
L. 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) **laborer - carp.**
M. 9B. KIND OF BUSINESS OR INDUSTRY **laborer**
N. 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **U. S. A.**
O. 11. CITIZEN OF WHAT COUNTRY? **U. S. A.**
P. 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) **YES**
Q. 13. SOCIAL SECURITY NO. **567-18-8475**
R. 14A. FATHER'S NAME **John Regal**
S. 14B. BIRTHPLACE (STATE OR COUNTRY) **(unknown)**
T. 14C. MOTHER'S MAIDEN NAME **Catherine Ciesla**
U. 15A. BIRTHPLACE (STATE OR COUNTRY) **(unknown)**
V. 16. INFORMANT'S SIGNATURE **John Regal**
W. 17. DATE OF DEATH **September 12, 1952 at 12:30 p.m.**
X. 18. CAUSE OF DEATH PER LINE (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z), (aa), (ab), (ac), (ad), (ae), (af), (ag), (ah), (ai), (aj), (ak), (al), (am), (an), (ao), (ap), (aq), (ar), (as), (at), (au), (av), (aw), (ax), (ay), (az), (ba), (bb), (bc), (bd), (be), (bf), (bg), (bh), (bi), (bj), (bk), (bl), (bm), (bn), (bo), (bp), (bq), (br), (bs), (bt), (bu), (bv), (bw), (bx), (by), (bz), (ca), (cb), (cc), (cd), (ce), (cf), (cg), (ch), (ci), (cj), (ck), (cl), (cm), (cn), (co), (cp), (cq), (cr), (cs), (ct), (cu), (cv), (cw), (cx), (cy), (cz), (da), (db), (dc), (dd), (de), (df), (dg), (dh), (di), (dj), (dk), (dl), (dm), (dn), (do), (dp), (dq), (dr), (ds), (dt), (du), (dv), (dw), (dx), (dy), (dz), (ea), (eb), (ec), (ed), (ee), (ef), (eg), (eh), (ei), (ej), (ek), (el), (em), (en), (eo), (ep), (eq), (er), (es), (et), (eu), (ev), (ew), (ex), (ey), (ez), (fa), (fb), (fc), (fd), (fe), (ff), (fg), (fh), (fi), (fj), (fk), (fl), (fm), (fn), (fo), (fp), (fq), (fr), (fs), (ft), (fu), (fv), (fw), (fx), (fy), (fz), (ga), (gb), (gc), (gd), (ge), (gf), (gg), (gh), (gi), (gj), (gk), (gl), (gm), (gn), (go), (gp), (gq), (gr), (gs), (gt), (gu), (gv), (gw), (gx), (gy), (gz), (ha), (hb), (hc), (hd), (he), (hf), (hg), (hi), (hj), (hk), (hl), (hm), (hn), (ho), (hp), (hq), (hr), (hs), (ht), (hu), (hv), (hw), (hx), (hy), (hz), (ia), (ib), (ic), (id), (ie), (if), (ig), (ih), (ii), (ij), (ik), (il), (im), (in), (io), (ip), (iq), (ir), (is), (it), (iu), (iv), (iw), (ix), (iy), (iz), (ja), (jb), (jc), (jd), (je), (jf), (jg), (jh), (ji), (jj), (jk), (jl), (jm), (jn), (jo), (jp), (jq), (jr), (js), (jt), (ju), (jv), (jw), (jx), (jy), (jz), (ka), (kb), (kc), (kd), (ke), (kf), (kg), (kh), (ki), (kj), (kk), (kl), (km), (kn), (ko), (kp), (kq), (kr), (ks), (kt), (ku), (kv), (kw), (kx), (ky), (kz), (la), (lb), (lc), (ld), (le), (lf), (lg), (lh), (li), (lj), (lk), (ll), (lm), (ln), (lo), (lp), (lq), (lr), (ls), (lt), (lu), (lv), (lw), (lx), (ly), (lz), (ma), (mb), (mc), (md), (me), (mf), (mg), (mh), (mi), (mj), (mk), (ml), (mm), (mn), (mo), (mp), (mq), (mr), (ms), (mt), (mu), (mv), (mw), (mx), (my), (mz), (na), (nb), (nc), (nd), (ne), (nf), (ng), (nh), (ni), (nj), (nk), (nl), (nm), (nn), (no), (np), (nq), (nr), (ns), (nt), (nu), (nv), (nw), (nx), (ny), (nz), (oa), (ob), (oc), (od), (oe), (of), (og), (oh), (oi), (oj), (ok), (ol), (om), (on), (oo), (op), (oq), (or), (os), (ot), (ou), (ov), (ow), (ox), (oy), (oz), (pa), (pb), (pc), (pd), (pe), (pf), (pg), (ph), (pi), (pj), (pk), (pl), (pm), (pn), (po), (pp), (pq), (pr), (ps), (pt), (pu), (pv), (pw), (px), (py), (pz), (qa), (qb), (qc), (qd), (qe), (qf), (qg), (qh), (qi), (qj), (qk), (ql), (qm), (qn), (qo), (qp), (qq), (qr), (qs), (qt), (qu), (qv), (qw), (qx), (qy), (qz), (ra), (rb), (rc), (rd), (re), (rf), (rg), (rh), (ri), (rj), (rk), (rl), (rm), (rn), (ro), (rp), (rq), (rr), (rs), (rt), (ru), (rv), (rw), (rx), (ry), (rz), (sa), (sb), (sc), (sd), (se), (sf), (sg), (sh), (si), (sj), (sk), (sl), (sm), (sn), (so), (sp), (sq), (sr), (ss), (st), (su), (sv), (sw), (sx), (sy), (sz), (ta), (tb), (tc), (td), (te), (tf), (tg), (th), (ti), (tj), (tk), (tl), (tm), (tn), (to), (tp), (tq), (tr), (ts), (tt), (tu), (tv), (tw), (tx), (ty), (tz), (ua), (ub), (uc), (ud), (ue), (uf), (ug), (uh), (ui), (uj), (uk), (ul), (um), (un), (uo), (up), (uq), (ur), (us), (ut), (uu), (uv), (uw), (ux), (uy), (uz), (va), (vb), (vc), (vd), (ve), (vf), (vg), (vh), (vi), (vj), (vk), (vl), (vm), (vn), (vo), (vp), (vq), (vr), (vs), (vt), (vu), (vv), (vw), (vx), (vy), (vz), (wa), (wb), (wc), (wd), (we), (wf), (wg), (wh), (wi), (wj), (wk), (wl), (wm), (wn), (wo), (wp), (wq), (wr), (ws), (wt), (wu), (wv), (ww), (wx), (wy), (wz), (xa), (xb), (xc), (xd), (xe), (xf), (xg), (xh), (xi), (xj), (xk), (xl), (xm), (xn), (xo), (xp), (xq), (xr), (xs), (xt), (xu), (xv), (xw), (xx), (xy), (xz), (ya), (yb), (yc), (yd), (ye), (yf), (yg), (yh), (yi), (yj), (yk), (yl), (ym), (yn), (yo), (yp), (yq), (yr), (ys), (yt), (yu), (yv), (yw), (yx), (yy), (yz), (za), (zb), (zc), (zd), (ze), (zf), (zg), (zh), (zi), (zj), (zk), (zl), (zm), (zn), (zo), (zp), (zq), (zr), (zs), (zt), (zu), (zv), (zw), (zx), (zy), (zz)

19. DATE OF OPERATION
20. AUTOPSY? YES NO
21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21E. INJURY OCCURRED WHILE AT WORK AT WORK
21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON **Sept 11** AND THAT DEATH OCCURRED AT **11:00** P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE **[Signature]** THAT I LAST SAW THE DECEASED
23B. ADDRESS **1103 North Vine St.**
23C. DATE SIGNED **9-15-52**
24A. BURIAL CREMATION REMOVAL
24B. DATE **Sept 19, 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. **9-17-52**
25B. REGISTRAR'S SIGNATURE **[Signature]**
25C. REGISTRAR'S SIGNATURE **[Signature]**
25D. REGISTRAR'S SIGNATURE **[Signature]**
25E. REGISTRAR'S SIGNATURE **[Signature]**
25F. REGISTRAR'S SIGNATURE **[Signature]**
25G. REGISTRAR'S SIGNATURE **[Signature]**
25H. REGISTRAR'S SIGNATURE **[Signature]**
25I. REGISTRAR'S SIGNATURE **[Signature]**
25J. REGISTRAR'S SIGNATURE **[Signature]**
25K. REGISTRAR'S SIGNATURE **[Signature]**
25L. REGISTRAR'S SIGNATURE **[Signature]**
25M. REGISTRAR'S SIGNATURE **[Signature]**
25N. REGISTRAR'S SIGNATURE **[Signature]**
25O. REGISTRAR'S SIGNATURE **[Signature]**
25P. REGISTRAR'S SIGNATURE **[Signature]**
25Q. REGISTRAR'S SIGNATURE **[Signature]**
25R. REGISTRAR'S SIGNATURE **[Signature]**
25S. REGISTRAR'S SIGNATURE **[Signature]**
25T. REGISTRAR'S SIGNATURE **[Signature]**
25U. REGISTRAR'S SIGNATURE **[Signature]**
25V. REGISTRAR'S SIGNATURE **[Signature]**
25W. REGISTRAR'S SIGNATURE **[Signature]**
25X. REGISTRAR'S SIGNATURE **[Signature]**
25Y. REGISTRAR'S SIGNATURE **[Signature]**
25Z. REGISTRAR'S SIGNATURE **[Signature]**

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
4. MAJOR FINDINGS OF OPERATION
5. PLACE, DISEASE CONTINGENT, DISEASE CONTRACTED.
6. DATE OF OPERATION
7. ACCIDENT SUICIDE HOMICIDE
8. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)
9. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON AND THAT DEATH OCCURRED AT P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
10. SIGNATURE THAT I LAST SAW THE DECEASED
11. ADDRESS
12. DATE SIGNED
13. BURIAL CREMATION REMOVAL
14. DATE
15. NAME OF CEMETERY OR CREMATORY
16. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
17. DATE REC'D BY LOCAL REG.
18. REGISTRAR'S SIGNATURE
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8. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)
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