

CERTIFICATE OF DEATH

1. PLACE OF DEATH
A. COUNTY Gila
C. CITY OR TOWN Claypool
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 11 Globe St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Arizona
C. CITY OR TOWN Claypool
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 11 Globe St. (Claypool)
E. COLOR OR RACE White

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Lotta B. (MIDDLE) P. C. (LAST) Naugle
4. SEX Fem
5. COLOR OR RACE White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married

7. DATE OF BIRTH (MONTH) Aug (DAY) 30 (YEAR) 1881

8. AGE (IN YEARS) (IF UNDER 1 YEAR, GIVE DAYS, HOURS, MIN.) 71 Yrs

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Housewife

9B. KIND OF BUSINESS OR INDUSTRY OWN HOME None

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.

11. CITIZEN OF WHAT COUNTRY? U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO

13. SOCIAL SECURITY NO. None

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 X Maria L. Naugle, Claypool, Ariz

17. DATE OF DEATH (MONTH) Sept. (DAY) 17 (YEAR) 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE, FOR (A), (B), (C).
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) Carcinoma of Stomach
2. DUE TO (B)
3. DUE TO (C)

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

19C. PLACE OF OPERATION _____

19D. TIME (MONTH) (DAY) (YEAR) _____

19E. INJURY OCCURRED WHILE AT WORK **19F. HOW DID INJURY OCCUR** _____

20. AUTOPSY? YES NO

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) _____

21E. INJURY OCCURRED WHILE AT WORK **21F. HOW DID INJURY OCCUR** _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 9-17 **1952** **AND THAT DEATH OCCURRED AT** 10:15 P.M. **ON** 9-17 **1952** **THAT I LAST SAW THE DECEASED**

23A. SIGNATURE [Signature] **23B. ADDRESS** [Address] **23C. DATE SIGNED** 9-18-52

24A. CREMATION **24B. DATE** _____ **24C. NAME OF CEMETERY OR CREMATORY** [Cemetery Name] **24D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE) _____

25A. DATE RECEIVED BY LOCAL OFFICE Sept. 22, 1952 **25B. REGISTRAR'S SIGNATURE** [Signature] **25C. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **26. ADDRESS** _____

27. EMBALMER'S SIGNATURE [Signature] **27. ADDRESS** _____

28. SIGNATURE [Signature] **28. ADDRESS** _____

29. SIGNATURE [Signature] **29. ADDRESS** _____

30. REGISTRAR'S NO. 61

31. CITY LIMITS **32. OUTSIDE CITY LIMITS**

33. LOCAL OFFICE SEP 23 1952

34. LOCAL OFFICE SEP 23 1952

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