ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 6262

BIRTH NO. 5551

REGISTRAR'S NO. 15.

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: 3hrs IN ARIZONA: life
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): 1064 Barautti st

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Mary B. (MIDDLE): Antionette C. (LAST): abell
4. SEX: female
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH April DAY 3 YEAR 1952
8. AGE: YEARS — MONTHS 7 DAYS 8
IF UNDER 24 HOURS: HOURS **** MIN. ***
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): infant
9B. KIND OF BUSINESS OR INDUSTRY: infant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Globe, Arizona
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) *** (IF YES, WAR OR DATES OF SERVICE) ***
13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME: Frank abell
14B. BIRTHPLACE (STATE OR COUNTRY): S. America
15A. MOTHER'S MAIDEN NAME: Rose Cassandri
15B. BIRTHPLACE (STATE OR COUNTRY): Italy
16. INFORMANT'S SIGNATURE: Frank abell (Father) ADDRESS: Globe, ariz.
17. DATE OF DEATH (MONTH) Nov. (DAY) 11, (YEAR) 1952 at 12:35 p.m.

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 427/X
*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) Diffuse Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: one day.

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. Mongolian Idiot — alog life.

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 Nov. 10, 1952 TO Nov. 11, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 11, 1952 AND THAT DEATH OCCURRED AT 12:35 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: T. C. Harper, M. D. (DEGREE OR TITLE)
23B. ADDRESS: Globe, ariz.
23C. DATE SIGNED: 11-12-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Nov. 13-1952
24C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe, Arizona
25A. DATE REC'D BY LOCAL REG.: 11-13-52
25B. REGISTRAR'S SIGNATURE: Irene Wardley
26. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Wackerf ADDRESS: Globe Arizona
27. EMBALMER'S SIGNATURE: Jesse James Wackerf CERT. NO. #323

FORM VS 2 REV. 8-50 20M