

CERTIFICATE OF DEATH

7013

<p>BIRTH NO. 04 PLACE OF DEATH A. COUNTY Gila CITY OR TOWN Globe D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital</p>		<p>B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 55 yrs 5 mos C. IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS</p>		<p>2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN Globe D. STREET ADDRESS N. Broad Street</p>		<p>REGISTRAR'S NO. 25 3 AND 5 UAL RESIDENCE</p>			
<p>3. NAME OF DECEASED (TYPE OR PRINT) Deary - Montana 7. DATE OF BIRTH (MONTH DAY YEAR) May 21 1880 8. AGE (IN YEARS IF UNDER 1 YEAR) 72 9. SEX male 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S. A. 11. CITIZEN OF WHAT COUNTRY? Kansas 12. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 13. SOCIAL SECURITY NO. 527-07-2386 A</p>		<p>4. SEX male 5. COLOR OR RACE white 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). ranching - cattle 14A. FATHER'S NAME Monty Montana 15A. MOTHER'S MAIDEN NAME Josie (Montana)</p>		<p>15B. BIRTHPLACE (STATE OR COUNTRY) (unknown) 16. INFORMANT'S SIGNATURE Gila County Welfare Bd. Globe, Arizona 17. DATE OF DEATH Dec 28, 1952 at 4:30 p.m.</p>		<p>18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Preliminary myocardial infarction 2. ANTECEDENT CAUSES MORBID CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. Chronic Myocarditis 3. OTHER SIGNIFICANT CONDITIONS DUE TO (C) Anterior wall 4. CONDITIONS CONTRIBUTING TO THE DISEASE BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19B. MAJOR FINDINGS OF OPERATION</p>		<p>19A. DATE OF OPERATION 20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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) (HOUR) (MIN) (SECOND) INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21E. HOW DID INJURY OCCUR</p>	
<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [Signature] M.D. THAT I LAST SAW THE DECEASED ALIVE ON Dec 25 1952 AND THAT DEATH OCCURRED AT 4:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23A. SIGNATURE [Signature] M.D. 23B. ADDRESS 243 S. 2nd St., Globe, Arizona 23C. DATE SIGNED 12-30-52</p>		<p>24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> 24B. DATE Jan 1, 1952 24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona</p>		<p>25A. DATE REC'D BY LOCAL REG. 1-2-53 25B. REGISTRAR'S SIGNATURE [Signature] 26. FUNERAL DIRECTOR'S SIGNATURE [Signature] 27. EMPHASER'S SIGNATURE [Signature] 28. ADDRESS Globe, Arizona 29. CERT. NO. #3287</p>		<p>29. FUNERAL DIRECTOR'S SIGNATURE [Signature] 30. ADDRESS Globe, Arizona 31. CERT. NO. #3287</p>			