

7736

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO. 4 OF DEATH AND 19 AL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Gila</u> C. CITY <u>Globe</u> TOWN <u>Globe</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> C. CITY <u>Globe</u> TOWN <u>Globe</u> D. STREET ADDRESS <u>462 E. Cedar St.</u>		REGISTRAR'S NO. <u>29</u> (WHERE DECEASED LIVED, IF INSTITUTION; B. COUNTY <u>Gila</u> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	
	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 47 yrs 50 yrs		3. NAME OF DECEASED A. (FIRST) <u>Joseph</u> B. (MIDDLE) <u>Ferdinana</u> C. (LAST) <u>Mayer</u>		4. SEX <u>male</u> 5. COLOR OR RACE <u>white</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>		7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>14</u> YEAR <u>1874</u>		8. AGE (IN YEARS) IF UNDER 24 HRS. <u>44</u> HOURS <u>14</u> MIN. <u>14</u>		
9. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>California</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Insurance Agent</u>		
14A. FATHER'S NAME <u>Joseph H. Mayer</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>		15A. MOTHER'S MAIDEN NAME <u>unknown</u>		
16. INFORMANT'S SIGNATURE <u>Joseph H. Mayer</u>		17. DATE OF DEATH (MONTH) <u>December</u> (DAY) <u>31</u> (YEAR) <u>1952</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A, B, C). <u>4422 X</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 19A. DATE OF OPERATION _____		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A, B, C). <u>4422 X</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Chronic Nephritis with terminal</u> <u>Wernig</u> DUE TO (B) <u>Arterio-sclerosis</u> DUE TO (C) _____		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)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 1952 TO _____ 1952, THAT I LAST SAW THE DECEASED ALIVE ON _____ 1952, AND THAT DEATH OCCURRED AT _____ 1952.		23A. SIGNATURE <u>T. C. Harper, M.D.</u>		23B. ADDRESS <u>Globe, Ariz</u>		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE <u>Jan. 3, 1953</u>		24C. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Ariz</u>		
25A. DATE REC'D BY LOCAL REG. <u>1-8-53</u>		25B. REGISTRAR'S SIGNATURE <u>Frank M. Mulee</u>		25C. DATE SIGNED <u>1-6-53</u>		
26. FUNERAL DIRECTOR'S SIGNATURE <u>4. May 1952</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>4. May 1952</u>		27. EMPLOYER'S SIGNATURE <u>4. May 1952</u>		
27. EMPLOYER'S SIGNATURE <u>4. May 1952</u>		27. EMPLOYER'S ADDRESS <u>4. May 1952</u>		27. EMPLOYER'S CITY, TOWN, OR COUNTY (STATE) <u>2470</u>		