

CERTIFICATE OF DEATH

REGISTRAR'S NO. 236

BIRTH NO.

OF DEATH AND RESIDENCE 2201

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>38 yrs</u> IN ARIZONA <u>38 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>				C. CITY OR TOWN <u>Globe</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>147 North 5th st.</u>	

DECEASED IDENT PERSONAL DATA 183

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mrs. Eva N.</u> B. (MIDDLE) <u>Middaugh</u> C. (LAST) <u>Middaugh</u>			4. SEX <u>female</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>
6B. NAME OF SPOUSE <u>G. W. Middaugh</u>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>19</u> YEAR <u>1871</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>83</u>	IF UNDER 1 YEAR MONTHS <u>4</u> DAYS <u>17</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mpultree County, Ill.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO ***</u>	
13. SOCIAL SECURITY NO. <u>unknown</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>			

155

14A. FATHER'S NAME <u>Unknown Smith</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown</u>	
16. INFORMANT'S SIGNATURE <u>Helen Rose - Niece</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>January 6, 1955 at 10:22 p.m.</u>		
18. CAUSE OF DEATH ENTER ONE OR MORE CAUSES PER LINE (A), (B), (C). <u>MI</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(A) Coronary thrombosis</u> DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH <u>Arteriosclerosis</u>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
19C. PLACE DISEASE CONTRACTED.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

CAUSE OF DEATH (EM 18)

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan. 1952</u> TO <u>Jan. 6, 1955</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan. 6, 1955</u> , AND THAT DEATH OCCURRED AT <u>10:22 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE (DEGREE OR TITLE) <u>Alexander J. Basse, M.D.</u>	22B. ADDRESS <u>Globe</u>
22C. DATE SIGNED <u>1-7-55</u>	

ACTIONS TOPY

23A. ACCIDENT (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

DEATH DUE TO EXTERNAL VIOLENCE

24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
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GENERAL DIRECTOR AND REGISTRAR 17 2

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Jan 9-1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>		
26A. DATE REC. BY LOCAL REG. <u>1-8-55</u>	26B. REGISTRAR'S SIGNATURE <u>James Wacker</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>James Wacker</u>	27B. ADDRESS <u>Globe, Arizona</u>		