

**CERTIFICATE OF DEATH**

04 OF DEATH AND RESIDENCE 1201	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>32 yrs</b> IN ARIZONA <b>32 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>			REGISTRAR'S NO. <b>242</b>	
	C. CITY OR TOWN <b>Globe</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Globe</b>			<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Gila General Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>818 East Maple street</b>				
IDENT SONAL DATA 58 4 155	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>William</b> B. (MIDDLE) <b>Milburn</b> C. (LAST) <b>Price</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>			
	6B. NAME OF SPOUSE <b>Bertha Jump</b>		7. DATE OF BIRTH MONTH <b>Feb</b> DAY <b>9</b> YEAR <b>1896</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>58</b>	IF UNDER 1 YEAR MONTHS <b>11</b> DAYS <b>13</b>	IF UNDER 24 HRS. HOURS <b>**</b> MIN. <b>**</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>pipesfitter-copper mine</b>		
	9B. KIND OF BUSINESS OR INDUSTRY <b>copper mining</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Prarie Lea, Texas U.S.A.</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no *****</b>		13. SOCIAL SECURITY NO. <b>452-0505830</b>	
	14A. FATHER'S NAME <b>A. B. Price</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mississippi</b>		15A. MOTHER'S MAIDEN NAME <b>Elizabeth Norvel</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>		
16. INFORMANT'S SIGNATURE (TYPE) <b>Bertha Price</b>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>January 22, 1955 at 11:45 p.m.</b>				16. ADDRESS <b>Globe Arizona</b>	
CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). <b>162X</b> ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <b>Adeno carcinoma of the right lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>14 mos.</b>		
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						
OPERATIONS, TOPSY	19A. DATE OF OPERATION <b>Dec. 1953</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of R.L. Lung (inoper.)</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Jan. 1955</b> , TO <b>Jan. 22, 1955</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Jan 20, 1955</b> , AND THAT DEATH OCCURRED AT <b>11:45 P</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
MEDICAL CERTIFICATION	22A. SIGNATURE (DRUGGEE OR TITLE) <b>Alexander J. Bosal, M.D.</b>			22B. ADDRESS <b>Globe</b>			22C. DATE SIGNED <b>1-24-55</b>		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <b>(SPECIFY)</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)				
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED		
GENERAL DIRECTOR AND STRAB	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>Jan. 25, 1955</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Central Heights, Arizona.</b>		
	26A. DATE REC. BY LOCAL REG. <b>1-24-55</b>		26B. REGISTRAR'S SIGNATURE <b>Irene Wansler</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>Jesse James Wachter</b>		27B. ADDRESS <b>Globe Arizona</b>		

*Jesse James Wachter #325*