

CERTIFICATE OF DEATH

REGISTRAR'S NO. 254

D DEATH 25 SIDENCE 201	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>3yrs</u> IN ARIZONA <u>65 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u>		<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) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Adonis ave.</u>		
ENT NAL A/169 7 255	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mrs. Georgia</u> B. (MIDDLE) <u>---</u> C. (LAST) <u>Mann</u>			4. SEX <u>female</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>divorced</u>	
	6B. NAME OF SPOUSE <u>Herbert J. Mann, Sr.</u>		7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>22</u> YEAR <u>1886</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>69</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>18</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Barksdale, Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>	IF YES, WAR OR DATES OF SERVICE <u>---</u>		13. SOCIAL SECURITY NO. <u>unknown</u>
	14A. FATHER'S NAME <u>Nick Colson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	15A. MOTHER'S MAIDEN NAME <u>Lou Piper</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
	16. INFORMANT'S SIGNATURE (Type or Print) <u>Roland Jones Globe Arizona</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February 10, 1955 at 10:40 a.m.</u>		
SE H 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Uremia</u> DUE TO (B) <u>Rheumatoid Arthritis</u> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <u>few days</u> <u>many years</u>	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						
ONS, SY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
AL TION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1954</u> TO <u>Feb. 10, 1955</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb. 10, 1955</u> , AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE (DEGREE OR TITLE) <u>Walter M O'Brien M.D.</u>		22B. ADDRESS <u>Globe Arizona</u>		22C. DATE SIGNED <u>2.10.55</u>		
EATH UE TO FERNAL OLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (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?		
ER'S TION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Feb 13, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona.</u>	
AL OR 17 AR 2 165	26A. DATE REC. BY LOCAL REG. <u>2-11-55</u>	26B. REGISTRAR'S SIGNATURE <u>Drew Wanslee</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James Walker</u>		27B. ADDRESS <u>Globe, Arizona.</u>	