

CERTIFICATE OF DEATH

REGISTRAR'S NO. 292

14 04  
OF DEATH  
AND 98  
AL RESIDENCE  
0201

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 3 Mos. IN ARIZONA 36 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Gila	
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 34 Cottonwood St.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Anna		B. (MIDDLE) E.		C. (LAST) Mansheim		4. SEX Fem	5. COLOR OR RACE White
6B. NAME OF SPOUSE Albert C.		7. DATE OF BIRTH MONTH DAY YEAR 8 15 1881		8. AGE (IN YEARS LAST BIRTHDAY) 73 yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
9B. KIND OF BUSINESS OR INDUSTRY Own home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. None		14A. FATHER'S NAME Dan Pronger		14B. BIRTHPLACE (STATE OR COUNTRY) Germany		15A. MOTHER'S MAIDEN NAME Mary Meyers	
15B. BIRTHPLACE (STATE OR COUNTRY) Alabama		16. INFORMANT'S SIGNATURE A. Mansheim ADDRESS Claypool, Ariz.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 28, 1955	

DECEDENT 1  
PERSONAL DATA 173  
6  
555

CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 351 X †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.		MEDICAL CERTIFICATION (A) Cerebrovascular hemorrhage DUE TO (B) Hypertension DUE TO (C) —		INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 10 yrs. —
	PLACE DISEASE CONTRACTED.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		—		—

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 25, 1955, TO May 28, 1955, THAT I LAST SAW THE DECEASED ALIVE ON May 28, 1955, AND THAT DEATH OCCURRED AT 12:35 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE Albert J. Harris, M.D.	22B. ADDRESS Globe, Arizona		22C. DATE SIGNED May 29, 1955

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	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?

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE May 30, 1955	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
	26A. DATE REC. BY LOCAL REG. 6-2-55	26B. REGISTRAR'S SIGNATURE Doreen Waulder	27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]	27B. ADDRESS [Signature]