

CERTIFICATE OF DEATH

REGISTRAR'S NO. 324

BIRTH NO.

24 04
PLACE OF DEATH
AND
RESIDENCE
0701

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 9yrs		IN ARIZONA 9yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS		<input checked="" type="checkbox"/> IN CITY LIMITS		B. COUNTY Gila	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		<input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS 760 Sunset drive		(IF RURAL, GIVE LOCATION)	

DECEDENT 3
PERSONAL DATA 176
955

3. NAME OF DECEASED (TYPE OR PRINT) Mrs. Maria Girot Rosso			4. SEX female			5. COLOR OR RACE white			6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed		
6B. NAME OF SPOUSE Frank Rosso			7. DATE OF BIRTH MONTH DAY YEAR Nov 14 1878		8. AGE (IN YEARS) LAST BIRTHDAY 76		IF UNDER 24 HRS. HOURS MIN. ** **		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife		
9B. KIND OF BUSI- NESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Turin, Italy		11. CITIZEN OF WHAT COUNTRY? U.S.A.		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. unknown		
14A. FATHER'S NAME Pietro Girot			14B. BIRTHPLACE (STATE OR COUNTRY) Italy			15A. MOTHER'S MAIDEN NAME (unknown)			15B. BIRTHPLACE (STATE OR COUNTRY) Italy		
16. INFORMANT'S SIGNATURE (daughter) ADDRESS Mrs. Catherine R. Verneti Globe, Arizona.						17. DATE (MONTH) (DAY) (YEAR) OF DEATH September 13, 1955 at 9:00 a.m.					

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 1. THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs } years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Pulmonary edema Terminal Chronic myocarditis Arteriosclerosis Hardened Atherosclerosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 13, 1955 TO Sept 13, 1955, AND THAT DEATH OCCURRED AT 9:00 am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)
William E. Brody M.D.

22B. ADDRESS
Box 68 Globe Arizona

22C. DATE SIGNED
9/13/55

DEATH DUE TO EXTERNAL VIOLENCE

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?	

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 Sept 17, 1955		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery S ct 13 lot 141		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
26A. DATE REC. BY LOCAL REG. 9-13-55		26B. REGISTRAR'S SIGNATURE <u>Gene Marselle</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Marselle</u>		27B. ADDRESS Globe, Arizona	

Gene Marselle
Gene Marselle
Catholic # 333