

CERTIFICATE OF DEATH

REGISTRAR'S NO. 332.

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>3</u> Days IN ARIZONA <u>47</u> Years		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 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>221 Live Oak St.</u>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Ida</u> B. (MIDDLE) <u>A.</u> C. (LAST) <u>Van Dyke</u>	4. SEX <u>Fem.</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>
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6B. NAME OF SPOUSE <u>Deceased</u>	7. DATE OF BIRTH MONTH <u>9</u> DAY <u>22</u> YEAR <u>1874</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>81</u> Yrs	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>
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9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Minnesota</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</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>526-34-2189</u>
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14A. FATHER'S NAME <u>Alfred F. England</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Norway</u>	15A. MOTHER'S MAIDEN NAME <u>Olava Solum</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Norway</u>
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16. INFORMANT'S SIGNATURE <i>[Signature]</i>	ADDRESS <u>Phoenix, Ariz.</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct. 1, 1955</u>
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) (C). ‡ 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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>
	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. DUE TO (B) _____ DUE TO (C) _____		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 2, 1953 TO Oct. 1, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 1, 1955, AND THAT DEATH OCCURRED AT 6:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>[Signature]</i>	(DEGREE OR TITLE)	22B. ADDRESS <u>Box 673 Miami Fla</u>	22C. DATE SIGNED <u>10-5-55</u>
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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)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Oct. 4, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>
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26A. DATE REC. BY LOCAL REG. <u>10-8-55</u>	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27B. ADDRESS <i>[Address]</i>
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4 OF DEATH AND RESIDENCE 2201
PRECEDENT 3
PERSONAL DATA 181
6
155
CAUSE OF DEATH (FEM 18)
OPERATIONS, AUTOPSY 4
MEDICAL CERTIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 17
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