ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7176

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 352.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY — IN THIS TOWN: life; IN ARIZONA: life
C. CITY OR TOWN: Globe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gila General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Globe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 486 Euclid Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Joseph B. (MIDDLE) C. Giacoma (LAST)

4. SEX: male **5. COLOR OR RACE:** white **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** married

6B. NAME OF SPOUSE: Rena Giovando

7. DATE OF BIRTH: MONTH Jan DAY 4 YEAR 1906

8. AGE (IN YEARS LAST BIRTHDAY): 49 — IF UNDER 1 YEAR: MONTHS 11 DAYS 10 — IF UNDER 24 HRS.: HOURS ** MIN. **

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): merchant -feed & fuel

9B. KIND OF BUSINESS OR INDUSTRY: merchant

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Globe, Arizona

11. CITIZEN OF WHAT COUNTRY? U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no — (IF YES, WAR OR DATES OF SERVICE): *****

13. SOCIAL SECURITY NO.

14A. FATHER'S NAME: Constantino Giacoma

14B. BIRTHPLACE (STATE OR COUNTRY): Italy

15A. MOTHER'S MAIDEN NAME: Maria Troglia

15B. BIRTHPLACE (STATE OR COUNTRY): Italy

16. INFORMANT'S SIGNATURE: Mrs Rena Giacoma (wife) — ADDRESS: Globe Ariz.

17. DATE OF DEATH (MONTH) (DAY) (YEAR): Dec 14, 1955 at 5:30 a.m.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Agranulocytosis + Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: about 8 mo.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) probably due to use of
DUE TO (C) Colchicine for past 3 years.

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 15, 1955, TO Dec. 14, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Dec. 14, 1955, AND THAT DEATH OCCURRED AT 5:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): L. C. Harper, M.D.
22B. ADDRESS: Globe, Ariz.
22C. DATE SIGNED: 12-14-55

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec 16 1955
25C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery Sect 13 Lot 44-45
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe, Arizona.

26A. DATE REC. BY LOCAL REG.: 12-15-55
26B. REGISTRAR'S SIGNATURE: Irene Wanless
27A. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Walker
27B. ADDRESS: Globe, Arizona.
Jesse James Walker, M. Embalmer #233

FORM VS-2 REV. 6-1-53 AMPCO 70385

4 04 — E OF DEATH 1 AND 19 — L RESIDENCE 0201 — ECEDENT ERSONAL DATA 1 1 1 1 2 55 — CAUSE OF DEATH TEM 18 — ERATIONS UTOPSY — MEDICAL TIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — ORONER'S IFICATION — UNERAL RECTOR AND GISTRAR 17