

CERTIFICATE OF DEATH

REGISTRAR'S NO. 370

BIRTH NO.

PLACE OF DEATH
AND RESIDENCE
0201

DECEASED
PERSONAL
DATA

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY <i>Gila</i>		B. LENGTH OF STAY IN THIS TOWN <i>3 Yrs.</i> IN ARIZONA <i>7 1/2 Yrs.</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
C. CITY OR TOWN <i>Globe</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Miami</i> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Gila General Hospital</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Midland City</i>	

3. NAME OF DECEASED A. (FIRST) <i>John</i> B. (MIDDLE) <i>F.</i> C. (LAST) <i>Pollock</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Never Married</i>
6B. NAME OF SPOUSE <i>None</i>		7. DATE OF BIRTH MONTH <i>3</i> DAY <i>8</i> YEAR <i>1871</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>84 Yrs.</i>	IF UNDER 1 YEAR MONTHS <i></i> DAYS <i></i>	IF UNDER 24 HRS. HOURS <i></i> MIN. <i></i>

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Laborer (ret)</i>	13. SOCIAL SECURITY NO. <i>527-09-0198</i>
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9B. KIND OF BUSINESS OR INDUSTRY <i>Copper Mine</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Utah</i>	11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>
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14A. FATHER'S NAME <i>Hiram H. Pollock</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Utah</i>	15A. MOTHER'S MAIDEN NAME <i>Martha E. Strong</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Iowa</i>
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16. INFORMANT'S SIGNATURE <i>Blair Bryant</i>	ADDRESS <i>Miami, Ariz.</i>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan. 25, 1956</i>
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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, ASTHMA, 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) <i>Massive Gastric Hemorrhage</i> DUE TO (B) <i>Ruptured Varix - Stomach</i> DUE TO (C) <i>Chronic Cardiac Decompensat</i>	INTERVAL BETWEEN ONSET AND DEATH <i>15 hrs</i>
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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 <i>Dec 19 55</i> TO <i>Jan 25 1956</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>Jan 25 1956</i> , AND THAT DEATH OCCURRED AT <i>11:55 P</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

21A. SIGNATURE <i>William E. Paschay</i>	(DEGREE OR TITLE) <i>M.D.</i>	21B. ADDRESS <i>Box 68 Globe Arizona</i>	22. DATE SIGNED <i>1-29-56</i>
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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)
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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?
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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 <i>Jan. 28, 1956</i>	25C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe, Arizona.</i>
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26A. DATE REC. BY LOCAL REG. <i>1-29-56</i>	26B. REGISTRAR'S SIGNATURE <i>Drew Weaver</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>	27B. ADDRESS
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