ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1529

CERTIFICATE OF DEATH

REGISTRAR'S NO. 386.

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY: IN THIS TOWN 7 yrs; IN ARIZONA 77 yr.
C. CITY OR TOWN: Globe — [X] 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): 491 Hackney ave.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Sylvester B. (MIDDLE) — C. (LAST) Hulsey

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: Margaret Addie Grubb
7. DATE OF BIRTH: MONTH Oct DAY 1 YEAR 1871
8. AGE (IN YEARS LAST BIRTHDAY): 84 — IF UNDER 1 YEAR: MONTHS 6 DAYS 1 — IF UNDER 24 HRS.: HOURS XX MIN. XX
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): farmer, stockman
9B. KIND OF BUSINESS OR INDUSTRY: cattle ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Carrollton, Ark
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.: (unknown)
14A. FATHER'S NAME: John L. Hulsey
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Minerva Stone
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE (daughter): Mrs. H. B. Knowlton — ADDRESS: Globe Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): March 2, 1956 at 1:15 p.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) Carcinoma of the hand with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: several years

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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 1954, TO 3-2, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 3-2, 1956, AND THAT DEATH OCCURRED AT 1:15 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Alexander J. Gosse, MD
22B. ADDRESS: Globe
22C. DATE SIGNED: 3-6-56

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

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Mar 4-1956
25C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe Arizona
26A. DATE REC. BY LOCAL REG.: 3-6-56
26B. REGISTRAR'S SIGNATURE: Irene Maurelee
27A. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Walker
27B. ADDRESS: Globe, Arizona. Embalmer #323

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

Decedent 3 — Personal Data 184 4 3 12 — Cause of Death (Item 18) 1991 0 0 — Operations, Autopsy 2 — Medical Certification 4 — Death due to External Violence — Coroner's Certification 1 — Funeral Director and Registrar 17 2 — 171