

CERTIFICATE OF DEATH

PLACE OF DEATH AND X RESIDENCE 0701	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 4 mths IN ARIZONA 4 mths		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Illinois B. COUNTY Rock Island			
	C. CITY OR TOWN Globe		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		G. CITY OR TOWN Rock Island		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 174 6 357	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2002 37th st.			
	3. NAME OF DECEASED A. (FIRST) Emma B. (MIDDLE) Bonice C. (LAST) McDonald			4. SEX fe	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed		
CAUSE OF DEATH 0 0 ITEM 18)	6B. NAME OF SPOUSE Edward Samuel McDonald		7. DATE OF BIRTH MONTH Feb DAY 7 YEAR 1883	8. AGE (IN YEARS) LAST BIRTHDAY 74	IF UNDER 1 YEAR MONTHS 1 DAYS 13	IF UNDER 24 HRS. HOURS ** MIN. **	6A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE SEVEN IF RETIRED) housewife	
	9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Watkins, Iowa	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 unknown		13. SOCIAL SECURITY NO. unknown
OPERATIONS, AUTOPSY 2	14A. FATHER'S NAME Jacez Bower		14B. BIRTHPLACE (STATE OR COUNTRY) Switzerland		15A. MOTHER'S MAIDEN NAME Mary Springer		15B. BIRTHPLACE (STATE OR COUNTRY) Pennsylvania	
	16. INFERNANT'S SIGNATURE Edward Samuel McDonald son of Emma Bonice McDonald ADDRESS Rock Island				17. DATE OF DEATH March 20, 1957 at 9:15 p.m.			
MEDICAL CERTIFICATION +	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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) Cerebral Hemorrhage DUE TO (B) _____ DUE TO (C) _____ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Generalized Arteriosclerosis Hypertension				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CORONER'S CERTIFICATION /	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 17, 1957 TO March 20, 1957 , THAT I LAST SAW THE DECEASED ALIVE ON March 20, 1957 , AND THAT DEATH OCCURRED AT 9:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) William E Bishop M.D.				22B. ADDRESS Box 68 Globe Ariz.		22C. DATE SIGNED 3/20/57	
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?			
FUNERAL DIRECTOR AND REGISTRAR 2	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE March 22, 1957	25C. NAME OF CEMETERY OR CREMATORY Hound C²metery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Watkins, Iowa		
26A. DATE REC. BY LOCAL REG. 3-21-57		26B. REGISTRAR'S SIGNATURE Doree Mawley		27A. FUNERAL DIRECTOR'S SIGNATURE Gene Sam Hatcher		27B. ADDRESS Globe, Arizona.		