

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5681

BIRTH NO.

04 34
PLACE OF DEATH
AND X
AL RESIDENCE
1201

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>3 months</u> IN ARIZONA <u>3 mos.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION) RESIDENCE BEFORE ADMISSION A. STATE <u>Colorado</u>		B. COUNTY <u>Pueblo</u>	
C. CITY OR TOWN <u>Globe</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Pueblo</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>507 W. 7th</u>			

DECEDENT
PERSONAL DATA 167

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>FRED</u> B. (MIDDLE) <u>ARCHIBALD</u> C. (LAST) <u>PRATT</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
6B. NAME OF SPOUSE <u>Julia Pratt</u>		7. DATE OF BIRTH MONTH <u>7</u> DAY <u>4</u> YEAR <u>1889</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>	IF UNDER 1 YEAR MONTHS <u>8</u> DAYS <u>23</u>	IF UNDER 24 HRS. HOUR <u>**</u> MIN. <u>**</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Colorado</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes World War I</u>		13. SOCIAL SECURITY NO. <u>unknown</u>
14A. FATHER'S NAME <u>Charles E. Pratt</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	15A. MOTHER'S MAIDEN NAME <u>Sadie Mae Bailey</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>

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16. INFORMANT'S SIGNATURE (wife) <u>Julia Pratt</u>		ADDRESS <u>Pueblo, Colo.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 27, 1957</u>	17.50 a.m.
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CAUSE OF DEATH (ITEM 18)
592X
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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. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Uremia</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	DUE TO (B) <u>Chronic Nephritis</u>			
	DUE TO (C) <u>Arteriosclerotic heart disease - decompensated</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

OPERATIONS, AUTOPSY 2

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 20, 1957</u> , TO <u>March 27, 1957</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>March 27, 1957</u> , AND THAT DEATH OCCURRED AT <u>7:50 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE (REG. OR SIGN) <u>Helen E. Bishop</u>	22B. ADDRESS <u>1924 68 Globe, Ariz</u>	22C. DATE SIGNED <u>3/27/57</u>	

DEATH DUE TO EXTERNAL VIOLENCE

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)
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?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED <u>3-28-57</u>
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FUNERAL DIRECTOR AND REGISTRAR 17 2

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE <u>March 30, 1957</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Valhalla Memorial Park Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pueblo, Colorado</u>
26A. DATE REC. BY LOCAL REG. <u>3-29-57</u>	26B. REGISTRAR'S SIGNATURE <u>Drewa Waullee</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>James Walker</u>	27B. ADDRESS <u>Globe, Arizona</u>

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