

CERTIFICATE OF DEATH

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2 AND  
3 L RESIDENCE  
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4 ECEDENT  
5 PERSONAL  
6 DATA

7 151 X  
8 CAUSE  
9 OF  
10 DEATH  
11 TEM 18)

12 OPERATIONS  
13 AUTOPSY

14 MEDICAL  
15 CERTIFICATION

16 DEATH  
17 DUE TO  
18 EXTERNAL  
19 VIOLENCE

20 CORONER'S  
21 CERTIFICATION

22 FUNERAL  
23 DIRECTOR  
24 AND  
25 REGISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>57 yrs</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		REGISTRAR'S NO. <u>575</u>	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET <u>285 Apple Hill st.</u> (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>285 W. Hill st.</u>		3. NAME OF DECEASED A. (FIRST) <u>Clarissa</u> B. (MIDDLE) <u>T.</u> C. (LAST) <u>Rabb</u>		4. SEX <u>fe</u>		5. COLOR OR RACE <u>w.ite</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	
6B. NAME OF SPOUSE <u>Edward M. Rabb, dec.</u>		7. DATE OF BIRTH MONTH <u>June</u> DAY <u>30</u> YEAR <u>1889</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>		9. IF UNDER 1 YEAR MONTHS <u>9</u> DAYS <u>15</u>		10. IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>		9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Florence, Arizona</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>no</u>	
13. SOCIAL SECURITY NO. <u>unknown</u>		14A. FATHER'S NAME <u>Charles Tiltman</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>		15A. MOTHER'S MAIDEN NAME <u>Flora Hesbitt</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Michigan</u>	
16. INFORMANT'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>San Francisco, Calif.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 15, 1957 at 8:00 a.m.</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH# <u>(A) METASTATIC CARCINOMA</u> DUE TO (B) <u>GASTRIC CARCINOMA</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>CONGENITAL DIAPHRAGMATIC LIFE HERNIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 MONTHS</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3-26</u> 19 <u>57</u> , TO <u>April 15, 1957</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>April 12, 1957</u> , AND THAT DEATH OCCURRED AT <u>8</u> A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>[Signature]</u> (DEGREE OR TITLE) <u>D.O.</u>		22B. ADDRESS <u>Globe, Arizona</u>		22C. DATE SIGNED <u>4-15-57</u>		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 checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? _____	
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 <u>April 18, 1957</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Cross Hill Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Denver, Colorado</u>		26A. DATE REC. LOCAL REG. <u>4-16-57</u>			
26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>Globe, Arizona</u>		FORM VS-2 REV. 6-1-55 AMPCO 6-54 15M 79575			