

CERTIFICATE OF DEATH

REGISTRAR'S NO.

533

BIRTH NO.

04
OF DEATH
AND
19
RESIDENCE
0201

1
CEDENT
PERSON
DATA
461
6
657
331X
0
EM 18)

RATIONS,
TOPSY

EDICAL
IFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

RONER'S
IFICATION

NERAL
ECTOR 17
AND
ISTRAR 2

151

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 51 Yrs IN ARIZONA 51 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 365 So. 2nd St.	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital					
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Edward B. (MIDDLE) James C. (LAST) Maher			4. SEX Male	B. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Dorothy Maher		7. DATE OF BIRTH MONTH 6 DAY 10 YEAR 1896	8. AGE (IN YEARS LAST BIRTHDAY) 61 Yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Patrolman
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) St. Hwy Dept Colorado	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (YES, WAR OR DATES OF SERVICE) Yes WWI	13. SOCIAL SECURITY NO. 527-22-5649	
14A. FATHER'S NAME William H. Maher		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois	15A. MOTHER'S MAIDEN NAME Jennie Morgan		15B. BIRTHPLACE (STATE OR COUNTRY) Wales
16. INFORMANT'S SIGNATURE <i>Mrs. John A. Lawson</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 10, 1957		
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: MEDICAL CERTIFICATION (A) <i>Cerebral Hemorrhage</i> (B) <i>Septic Arteriosclerosis Cerebral Vessel</i> (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>June 10, 1957</i> TO <i>June 10, 1957</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>June 10, 1957</i> , AND THAT DEATH OCCURRED AT <i>6:45 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE <i>William E. Prohman</i>		22B. ADDRESS <i>Box 68 Globe Ariz</i>		22C. DATE SIGNED <i>6/14/57</i>	
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?	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE June 13, 1957	25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona
26A. DATE REC. BY LOCAL REG. 6-18-57	26B. REGISTRAR'S SIGNATURE <i>Gene W. ...</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		27B. ADDRESS