ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6542

CERTIFICATE OF DEATH

BIRTH NO. 23531 REGISTRAR'S NO. 568.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Globe — ☒ 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: Miami — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 160 Ransburger Hill
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Barbara B. (MIDDLE) Jo C. (LAST) Boswell
4. SEX: Fem.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 10 DAY 8 YEAR 1957
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.: 27 Hrs.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Infant
9B. KIND OF BUSINESS OR INDUSTRY: Infant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
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.: None
14A. FATHER'S NAME: Cecil Boswell
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Doris Watson
15B. BIRTHPLACE (STATE OR COUNTRY): N. Mexico
16. INFORMANT'S SIGNATURE: X Cecil A. Boswell ADDRESS: Miami, Ariz.
17. DATE OF DEATH (MONTH) Oct. (DAY) 9, (YEAR) 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, 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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 27 hours.

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.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-8, 1957, TO 10-9, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 10-9, 1957, AND THAT DEATH OCCURRED AT 4 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ed. Gallagher (DEGREE OR TITLE) M.D.
22B. ADDRESS: Box 23 Miami Ariz.
22C. DATE SIGNED: 10-10-57

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 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 ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Oct. 11, 1957
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona
26A. DATE REC. BY LOCAL REG.: 10-10-57
26B. REGISTRAR'S SIGNATURE: Irene Masseler
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: [illegible]
28. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 2421

FORM VS-2 REV. 3-15-55 1

4 04 / CE OF DEATH / 7 AND 71 / AL RESIDENCE 0201
DECEDENT PERSONAL DATA 301 0
057
776X
CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, AUTOPSY 4
MEDICAL TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION
FUNERAL DIRECTOR AND EGISTRAR 17 2 0