ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7349

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 584.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY — IN THIS TOWN: 3 mths; IN ARIZONA: 3 yrs
C. CITY OR TOWN: Globe — [X] 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: Texas
B. COUNTY: Pecos
C. CITY OR TOWN: Fort Stockton — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Ranche

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) B. (MIDDLE) C. (LAST): Mr. Thomas Lewis Terry

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): divorced
6B. NAME OF SPOUSE: Florence Terry
7. DATE OF BIRTH — MONTH: April; DAY: 1; YEAR: 1882
8. AGE (IN YEARS LAST BIRTHDAY): 75
IF UNDER 1 YEAR — MONTHS: 7; DAYS: 8; IF UNDER 24 HRS. — HOURS: **; MIN.: **
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): farmer-rancher
9B. KIND OF BUSINESS OR INDUSTRY: ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Milam County, Texas U.S.A.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: (unknown)
14A. FATHER'S NAME: Duncan Terry
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Tobithe Brown
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Eva Lena Terry Hill — ADDRESS: T.R.C. New Mexico
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Nov 9, 1957 at 11:50 p.m.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — unknown
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 2, 1957 TO Nov 9, 1957, ALIVE ON Nov 9, 1957, AND THAT DEATH OCCURRED AT 11:50 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED
22A. SIGNATURE (DEGREE OR TITLE): Walter M. O'Brien MD
22B. ADDRESS: Globe Ariz
22C. DATE SIGNED

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Nov 11, 1957
25C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery, Sect 18 lot 223
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe, Arizona.
26A. DATE REC. BY LOCAL REG.: 11-11-57
26B. REGISTRAR'S SIGNATURE: Irene Wauchen
27A. FUNERAL DIRECTOR'S SIGNATURE: Irene James Webber
27B. ADDRESS: Globe, Arizona. Embalmer #323

FORM VS-2 REV. 6-1-55 AMPCO 6-54 15M 79573