ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7370

CERTIFICATE OF DEATH

REGISTRAR'S NO. 289

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY: IN THIS TOWN 6 MOS. IN ARIZONA 61 YRS.
C. CITY OR TOWN: MORENCI — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 403-B ELM ST., STARGO

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GREENLEE
C. CITY OR TOWN: FRANKLIN — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): RURAL
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) IRA B. (MIDDLE) BARTLETT C. (LAST) GALE
4. SEX: M
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: BERTHA M. GALE
7. DATE OF BIRTH: MONTH 9 DAY 20 YEAR 87
8. AGE (IN YEARS LAST BIRTHDAY): 70 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): FARMER
9B. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MEXICO
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.
14A. FATHER'S NAME: JAMES GALE
14B. BIRTHPLACE (STATE OR COUNTRY): NEW SOUTH WALES
15A. MOTHER'S MAIDEN NAME: SARAH WILLS
15B. BIRTHPLACE (STATE OR COUNTRY): IRELAND
16. INFORMANT'S SIGNATURE: Bertha M Gale — ADDRESS: MORENCI, ARIZ.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): NOVEMBER 21, 1957

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days
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 8/1/57, 19__, TO 11/21, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 11/21, 1957, AND THAT DEATH OCCURRED AT 1:00 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E. L. Lattimore, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Morenci Ariz.
22C. DATE SIGNED: 11/21/57

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?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: NOV. 23, 1957
25C. NAME OF CEMETERY OR CREMATORY: FRANKLIN CEMETERY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): FRANKLIN, ARIZ.
26A. DATE REC. BY LOCAL REG.: NOV 20 1957
26B. REGISTRAR'S SIGNATURE: Edna Strickland, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip E. Allen
27B. ADDRESS: Safford Ariz.
28. EMBALMER'S SIGNATURE: Philip E. Allen
28B. EMBALMER'S CERT. NO. 312

FORM VS-2 REV. 3-15-55

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