

CERTIFICATE OF DEATH

REGISTRAR'S NO.

8216
399

BIRTH NO.

1 OF DEATH AND RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 35 yrs IN ARIZONA 79 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. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS 735 1/2 Buclid ave	
CEDENT PERSONAL DATA 100	3. NAME OF DECEASED (TYPE OR PRINT) Lulu Rivers			4. SEX fe	5. COLOR OR RACE Mex	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed
	6B. NAME OF SPOUSE Eugene Rivers, dec.		7. DATE OF BIRTH MONTH DAY YEAR April 12 1846	8. AGE (IN YEARS LAST BIRTHDAY) 111	IF UNDER 1 YEAR MONTHS DAYS 7 23	IF UNDER 24 HRS. HOURS MIN. ** **
5 1157	9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Antonio, Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) no	
	13. SOCIAL SECURITY NO. unknown		14A. FATHER'S NAME unknown		14B. BIRTHPLACE (STATE OR COUNTRY) unknown	
799 X CAUSE OF DEATH EM 18)	15A. MOTHER'S MAIDEN NAME Juanita Velaquez		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		16. INFORMANT'S SIGNATURE Mrs. M. Gonzalez (niece) ADDRESS Globe, Arizona.	
	17. DATE OF DEATH 8 555 Dec 5, 1957 (MONTH) (DAY) (YEAR)		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	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1957 to Dec. 5, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Dec. 5, 1957, AND THAT DEATH OCCURRED AT 7:20 a. m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Anemia DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility			
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE Charles J. Bosse, M.D. (DEGREE OR TITLE)		22B. ADDRESS Globe		22C. DATE SIGNED 12-6-57	
	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)	
CORONER'S CERTIFICATION	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	
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec 9, 1957		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery Seat 18, lot 21 a.	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.		26A. DATE REC BY LOCAL REG. 10-6-57		26B. REGISTRAR'S SIGNATURE Drew M. ...	
179	27A. FUNERAL DIRECTOR'S SIGNATURE Gene James ...		27B. ADDRESS Globe, Arizona.		28A. EMBALMER'S SIGNATURE Gene James ...	
	28B. EMBALMER'S CERT. NO. #323		FORM VS-2 REV. 3-15-55			