

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **674**

BIRTH NO.

1. PLACE OF DEATH  
A. COUNTY  
**Gila**  
C. CITY OR TOWN  
**Globe**  
D. FULL NAME OF HOSPITAL OR INSTITUTION  
**Gila General Hospital**

B. LENGTH OF STAY  
(IN THIS TOWN) IN ARIZONA  
**60 yrs** **69 yrs**  
 IN CITY LIMITS  
 OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)  
A. STATE **Arizona**  
C. CITY OR TOWN **Globe**  
B. COUNTY **Gila**  
 IN CITY LIMITS  
 OUTSIDE CITY LIMITS

3. NAME OF DECEASED (TYPE OR PRINT)  
A. (FIRST) **Mrs. Ida N.** B. (MIDDLE) **McDonald** C. (LAST)  
4. SEX **fe** 5. COLOR OR RACE **white** 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **widowed**

PRECEDENT PERSONAL DATA 185

6B. NAME OF SPOUSE **Donald S. McDonald, dec.** 7. DATE OF BIRTH (MONTH DAY YEAR) **Sept 19 1872** 8. AGE (IN YEARS LAST BIRTHDAY) **85** 9. IF UNDER 1 YEAR (MONTHS) **9** 10. IF UNDER 24 HRS. (HOURS MIN.) **\*\* \*\*** 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) **housewife**

9B. KIND OF BUSINESS OR INDUSTRY **housewife** 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **San Antonio, 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) (IF YES, WAR OR DATES OF SERVICE) **no \*\* \*\*** 13. SOCIAL SECURITY NO. **627-01-4129A**

14A. FATHER'S NAME **Hiram S. Lightner** 14B. BIRTHPLACE (STATE OR COUNTRY) **Missouri** 15A. MOTHER'S MAIDEN NAME **Lousia Lightner** 15B. BIRTHPLACE (STATE OR COUNTRY) **unknown**

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16. INFORMANT'S SIGNATURE (grandson) **W. Lightner** ADDRESS **San Antonio, Texas** 17. DATE OF DEATH (MONTH) (DAY) (YEAR) **June 27, 1958 at 12:50 p.m.**

331X CAUSE OF DEATH (TEM 18)

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, ASTHENA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) **Cerebrovascular hemorrhage** (B) **Generalized arteriosclerosis** (C) **Healed fracture of left femur**  
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. **3 mos.**  
INTERVAL BETWEEN ONSET AND DEATH **24 hrs.** **5 yrs.**

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION **none** 19B. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES  NO

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **May 1956** TO **June 27, 1958**, THAT I LAST SAW THE DECEASED ALIVE ON **June 27, 1958**, AND THAT DEATH OCCURRED AT **12:50 p.m.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.  
22A. SIGNATURE **Dr. Robert J. Harvix M.D.** 22B. ADDRESS **Globe, Arizona** 22C. DATE SIGNED **June 27, 1958**

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 (MONTH) (DAY) (YEAR) (HOURS) OF INJURY 23E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  23F. HOW DID INJURY OCCUR

DRONER'S CERTIFICATION

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

GENERAL REGISTRAR AND SISTRARY

25A. BURIAL (CREMATION)  REMOVAL  25B. DATE **July 1, 1958** 25C. NAME OF CEMETERY OR CREMATORY **Globe Cemetery Elk Sect** 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Globe, Arizona**  
26A. DATE REC. BY LOCAL REG. **6-28-58** 26B. REGISTRAR'S SIGNATURE **Jesse W. Washburn** 27A. FUNERAL DIRECTOR'S SIGNATURE **Jesse W. Washburn** 27B. ADDRESS **Globe, Arizona**

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