

CERTIFICATE OF DEATH

REGISTRAR'S NO. **675**

4 04
OF DEATH
AND 19
RESIDENCE
Y-

BIRTH NO. _____

1. PLACE OF DEATH
A. COUNTY **Gila**
C. CITY OR TOWN **Globe**
D. FULL NAME OF HOSPITAL OR INSTITUTION **Residence-Globe-Miami Highway**

B. LENGTH OF STAY
 IN THIS TOWN, IN ARIZONA **life**
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTIONAL RESIDENCE BEFORE ADMISSION)
A. STATE **Arizona**
C. CITY OR TOWN **Globe**
D. STREET ADDRESS **Globe Miami Highway**
(IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) **Emile** B. (MIDDLE) **--** C. (LAST) **Maurel**
4. SEX **male** 5. COLOR OR RACE **white** 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **married**

6B. NAME OF SPOUSE **Carrie Ava Fleming** 7. DATE OF BIRTH MONTH **Mar** DAY **28** YEAR **1883** 8. AGE (IN YEARS LAST BIRTHDAY) **75**
IF UNDER 1 YEAR MONTHS **3** DAYS **8** IF UNDER 24 HRS. HOURS **00** MIN. **00** 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) **carpenter**

9B. KIND OF BUSINESS OR INDUSTRY **carpenter** 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Globe, Arizona** 11. CITIZEN OF WHAT COUNTRY? **U.S.A.** 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES, WAR OR DATES OF SERVICE) **no** 13. SOCIAL SECURITY NO. **527-01-0714**

14A. FATHER'S NAME **Andre Maurel** 14B. BIRTHPLACE (STATE OR COUNTRY) **France** 15A. MOTHER'S MAIDEN NAME **Mary Jouanny** 15B. BIRTHPLACE (STATE OR COUNTRY) **France**

16. INFORMANT'S SIGNATURE **Emile Maurel (wife)** ADDRESS **Globe, Arizona** 17. DATE OF DEATH (MONTH) **July** (DAY) **6** (YEAR) **1958** at **4:40** 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) **Cerebral hemorrhage**
ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) **Hypertension** DUE TO (C) **Arteriosclerosis**

II. OTHER SIGNIFICANT 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 **3-23-54** TO **11-2-57** AND THAT DEATH OCCURRED AT **4:40 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE **Madonna Brin M.D.** 22B. ADDRESS **Globe** 22C. DATE SIGNED **7-7-58**

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE **Natural** 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____ 23C. (CITY OR TOWN) (COUNTY) (STATE) _____

25D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ 23E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 23F. HOW DID INJURY OCCUR? _____

24A. CORONER'S SIGNATURE **Madonna Brin** 24B. ADDRESS **Box 811 Globe, Ariz** 24C. DATE SIGNED **7-7-58**

25A. BURIAL CREMATION REMOVAL 25B. DATE **July 9, 1958** 25C. NAME OF CEMETERY OR CREMATORY **Globe Cemetery** 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Globe, Arizona**

26A. DATE REC. BY LOCAL REG. **7-7-58** 26B. REGISTRAR'S SIGNATURE **Jane Hauke** 27A. FUNERAL DIRECTOR'S SIGNATURE **John W. ...** 27B. ADDRESS **Globe, Arizona**

28. EMPALMER'S SIGNATURE **Embalmer #323**

DECEDENT
PERSONAL
DATA 175
2
758
33/1
CAUSE
OF
DEATH
EM 18)
0
RELATIONS
TOPSY
MEDICAL
CERTIFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
CERTIFICATION
FUNERAL
DIRECTOR
AND
REGISTRAR
0-