

IED
188

CERTIFICATE OF DEATH

REGISTRAR'S NO. 93

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		B. LENGTH OF STAY IN THIS TOWN <u>23 yrs</u> IN ARIZONA <u>23 yrs</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY <u>Graham</u>	
	C. CITY OR TOWN <u>Central</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Central</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 block east of P.O.</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>1 block east of P.O.</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IDENT SOCIAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>LUCIA</u> B. (MIDDLE) <u>METHA</u> C. (LAST) <u>HULDA MANGAN</u>			4. SEX <u>Female</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>		
	6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH <u>Mar</u> DAY <u>9</u> YEAR <u>1870</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>90</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		
14A. FATHER'S NAME <u>William R. May</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown Egert</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>		
16. INFORMANT'S SIGNATURE <u>Jessie Simpson</u>			ADDRESS <u>Safford, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>December 25 1960</u>			
CAUSE OF DEATH (EM 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Pneumonia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Septic arthritis</u> DUE TO (C) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
	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 <u>1950</u> IN <u>1960</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>18 Dec 1960</u> AND THAT DEATH OCCURRED AT <u>11</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>W. Knight</u> (DEAN OR TITLE)		22B. ADDRESS <u>Safford Ariz</u>		22C. DATE SIGNED <u>27 Dec 60</u>			
	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) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>12-24-60</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Central Crematory</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Arizona</u>	
GENERAL RECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>12-27-60</u>		26B. REGISTRAR'S SIGNATURE <u>Charles H. Hayes</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u>		27B. ADDRESS <u>Safford</u>	
	28A. EMBALMER'S SIGNATURE <u>W. H. Caldwell</u>		28B. EMBALMER'S CERT. NO. <u>3681A</u>					

123