

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4279

PUNCHED
VERIFIED

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 6 mo.		IN ARIZONA 78 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN Glendale		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona		
D. FULL NAME OF HOSPITAL OR INSTITUTION Glendale Nursing Home		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		C. CITY OR TOWN Safford		B. COUNTY Graham	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) Arthur C. (LAST) Welker			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
6B. NAME OF SPOUSE Mary Alice		7. DATE OF BIRTH MONTH DAY YEAR 4 21 1876	8. AGE (IN YEARS) LAST BIRTHDAY 85	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 Farm	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Idaho	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no	13. SOCIAL SECURITY NO. none		15B. BIRTHPLACE (STATE OR COUNTRY) Scotland	
14A. FATHER'S NAME Adam Welker		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Agnes Dock		15B. BIRTHPLACE (STATE OR COUNTRY) Scotland	
16. INFORMANT'S SIGNATURE Mary Alice Welker			ADDRESS 321 Relation St.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 9, 1961		
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) Cerebral Thrombosis DUE TO (B) Generalized Enterocolitis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH One year	
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 NOV 2, 1960, TO MAY 9, 1961 THAT I LAST SAW THE DECEASED ALIVE ON 4-19-61 AND THAT DEATH OCCURRED AT 7:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE Margaret Carrier M.D.		22B. ADDRESS Glendale, Ariz		22C. DATE SIGNED 5-10-61			
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?			
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 5-11-61		25C. NAME OF CEMETERY OR CREMATORY Safford Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona	
26A. DATE REC. BY LOCAL REG. 5-10-61		26B. REGISTRAR'S SIGNATURE Margaret Carrier, Deputy		27A. FUNERAL DIRECTOR'S SIGNATURE Roger David		27B. ADDRESS Safford, Arizona	
28A. EMBALMER'S SIGNATURE Roger David		28B. EMBALMER'S CERT. NO. 369A					

DECEASED / PERSONAL DATA

332X CAUSE OF DEATH (ITEM 18)

OPERATIONS / AUTOPSY

MEDICAL / CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S / CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

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