STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4798
Registrar's No. 87.

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Gila County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 1/2 days; In Community 18 yrs (Specify whether years, months or days); In Arizona 18 yrs

2. Usual Residence of Deceased: (a) State Arizona.; (b) County Gila; (c) City or Town Globe (If outside city limits also write RURAL)

(d) Street No. Six Shooter Canyon (e) Citizen of foreign country (Yes or No) no If Yes, which country **

3. (a) FULL NAME Mrs. Mary Belle Love (b) If Veteran name war none (c) Social Security No. none

4. Sex fe

5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife James W. Love

6. (c) Age of husband or wife, if living deceased yrs.

7. Birthdate of deceased Dec. 26, 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day ** hrs. ** min.

9. Birthplace Kingston, Missouri (City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business housewife

Father 12. Name (unknown) Stalnker
13. Birthplace unknown (City, town or county) (State or Country)

Mother 14. Maiden Name unknown) Stalnker
15. Birthplace unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Ruth Summers
(b) Address Compton, California.

17. (a) Burial, Cremation or Removal burial
(b) Place Globe Cemetery Globe, Arizona (c) Date Sept 14, 48

18. (a) Embalmer's Signature Frank B. Kelly
(b) Funeral Director Frank B. Kelly
(c) Address 328 S. Hill St. Globe, Ariz

19. (a) Sept. 13-48. (Date received Local Registrar)
(b) Irene Wanelee (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 11, 1948;
TIME (Hour and minute) 2 p.m. M.

21. I hereby certify that I attended the deceased from Sept 1, 1948 to Sept 11, 1948; that I last saw her alive on Sept 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — DURATION 10 days
Due to arteriosclerosis — 7 1/2 years
Due to hypertension — 7 1/2 years
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert B. Moran M.D.
Address Globe Date signed 9-13-48

40M—100% Rag—6-45