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Pt. Cron

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 17

DATE OF DEATH 19 02 01 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Gila</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>10 yrs. 35 yrs.</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Miami</u>				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hosp.</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)					
IDENTIFICATION 82 X 249	3. NAME OF DECEASED A. (FIRST) <u>Edward</u> B. (MIDDLE) <u>R.</u> C. (LAST) <u>Aliver</u>			4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>			
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Unknown</u> DAY <u>Unknown</u> YEAR <u>Unknown</u>		8. AGE YEARS <u>82</u> MONTHS <u>-</u> DAYS <u>-</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Prospector</u>		
	9B. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>U.S.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> <u>no</u>		
14A. FATHER'S NAME <u>Unknown</u>			14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)		
16. INFORMANT'S SIGNATURE <u>R. J. Mullerky Miami</u>				17. DATE OF DEATH (MONTH) <u>Feb.</u> (DAY) <u>22</u> (YEAR) <u>1949</u>					
CAUSE OF DEATH 322X 0 9 M 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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
				ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerosis</u>					
				II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Senility</u>					
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>none</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>none</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Globe Gila Arizona</u>				
FATH E TO ETERNAL REPOSE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>none</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>none</u>				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 1 - 19 49</u> TO <u>Feb 22 19 49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb 22 19 49</u> . AND THAT DEATH OCCURRED AT <u>10A</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
MEDICAL PRONER'S SIGNIFICATION	23A. SIGNATURE <u>Lynette Cron M.D.</u>			23B. ADDRESS <u>Miami Arizona</u>		23C. DATE SIGNED <u>2-23-49.</u>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb 25 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pind Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		
GENERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>Mar 5-49.</u>		25B. REGISTRAR'S SIGNATURE <u>Jane Kaurille</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. ...</u>				