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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 157

04 X DATE OF DEATH 19 NO 2201 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona. B. COUNTY Gila	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Globe	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 30 days 43 yrs	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 519 Kline-Sutherland St.	
1 1 2 ONAL ATA 162 9 249	3. NAME OF DECEASED A. (FIRST) B. (MIDDLE) C. (LAST) William Francis Luke Piper			4. SEX male
	5. COLOR OR RACE white		6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
	7. DATE OF BIRTH MONTH DAY YEAR July 2 1886		8. AGE YEARS MONTHS DAYS 62 7 15	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). mining-copper		9B. KIND OF BUSINESS OR INDUSTRY miner	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England		11. CITIZEN OF WHAT COUNTRY? England		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no ****
13. SOCIAL SECURITY NO. 526020-9063		14A. FATHER'S NAME William John Piper		14B. BIRTHPLACE (STATE OR COUNTRY) England
15A. MOTHER'S MAIDEN NAME Mary Elizabeth Luke		15B. BIRTHPLACE (STATE OR COUNTRY) England		16. INFORMANT'S SIGNATURE Lorraine Blenene
17. DATE OF DEATH MONTH DAY YEAR Feb. 17, 1949		17. DATE OF DEATH MONTH DAY YEAR 11:45 a.m.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (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 CONTACTED.
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 7, 1949 TO Feb. 17, 1949. THAT I LAST SAW THE DECEASED ALIVE ON Feb. 17, 1949, AND THAT DEATH OCCURRED AT 11:45 a.m., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE T.C. Harper, M.D.		23B. ADDRESS Globe, Ariz.		23C. DATE SIGNED 2-18-49
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Feb. 20, 1949		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona		25A. DATE REC'D BY LOCAL REG. Feb. 19 - 49		25B. REGISTRAR'S SIGNATURE Frank D. Peabody
25C. REGISTRAR'S SIGNATURE Frank D. Peabody		25D. REGISTRAR'S SIGNATURE Frank D. Peabody		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona