

1462

502.1

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

608

CERTIFICATE OF DEATH

REGISTRAR'S NO.

16

DEATH RESIDENCE 9	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 OR RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Globe</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila County Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>698 N. Sutherland St.</u>		
ENT NAL TA 191 9 249	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>George</u> B. (MIDDLE) <u>Lucas</u> C. (LAST) <u>Prynn</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>1</u> DAY <u>28</u> YEAR <u>58</u>	8. AGE YEARS <u>91</u> MONTHS <u>0</u> DAYS <u>26</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>miner-retired</u>	9B. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u> (IF YES, WAR OR DATES OF SERVICE) <u>****</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>England</u>	11. CITIZEN OF WHAT COUNTRY? <u>Arizona</u>	12. SOCIAL SECURITY NO. <u>none</u>	13. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>
	14A. FATHER'S NAME <u>John Prynn</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>	15A. MOTHER'S MAIDEN NAME <u>Johanna Lucas</u>	16. INFORMANT'S SIGNATURE <u>Wm. W. J. Clemo</u> ADDRESS <u>Box 15530</u>	
	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Feb. 24, 1949</u>		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 CONTRA-CTED.		
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia</u>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STAT-ING THE UNDERLYING CAUSE LAST. <u>Chronic Bronchitis</u>			
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Myocarditis</u>		11. OTHER SIGNIFICANT CONDITIONS			
19A. DATE OF OPERATION		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 <u>22 Feb</u> , 19 <u>49</u> TO <u>24 Feb</u> , 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>24 Feb</u> , 19 <u>49</u> AND THAT DEATH OCCURRED <u>6:45 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <u>William E. Porshop MD</u>		23B. ADDRESS <u>Box 150 Globe</u>		23C. DATE SIGNED <u>Feb. 26 1949</u>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb. 27, 1949</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>Feb. 28-49</u>		25B. REGISTRAR'S SIGNATURE <u>Doree Wavelle</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank D. Walsh</u> ADDRESS <u>Hill St. Globe Ariz.</u>	