

1488

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO. 631  
REGISTRAR'S NO. 14

420.1

DEATH EVIDENCE	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 RURAL) Globe-rural	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5 months 5 months	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		
	D. FULL NAME OF HOSPITAL OR INSTITUTION McCabe House Canyon - 5 miles out		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) McCabe House Canyon - 5 miles south		
IDENTIFICATION	3. NAME OF DECEASED A. (FIRST) Lon Eugene B. (MIDDLE) C. (LAST) Pollard			4. SEX male	5. COLOR OR RACE white
	6. MARRIED - NEVER MARRIED WIDOWED DIVORCED	7. DATE OF BIRTH (Unknown)	8. AGE 73	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). miner - rancher chicken	9B. KIND OF BUSINESS OR INDUSTRY mining
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. 54-16-6144	14A. FATHER'S NAME (Unknown)
	14B. BIRTHPLACE (STATE OR COUNTRY) (Unknown)	15A. MOTHER'S MAIDEN NAME (Unknown)	15B. BIRTHPLACE (STATE OR COUNTRY) (Unknown)	16. INFORMANT'S SIGNATURE Mrs. John Belcher, McCabe House Canyon	
CAUSE OF DEATH	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.			17. DATE OF DEATH Feb. 15, 1949 9:30 P.M.	
	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) myocardial insufficiency II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH two hours Several years	
OPERATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT OF DEATH (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
INJURY	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 Feb. 15, 1949 8:30 P.M. TO Feb. 15, 1949 9:30 P.M. AND THAT DEATH OCCURRED AT 9:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
SIGNATURE	23A. SIGNATURE Ruth E. Huffman D.O.		23B. ADDRESS BX 2843 Globe Ariz.		23C. DATE SIGNED Feb. 16 - 1949
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Feb. 19 - 1949	24C. NAME OF CEMETERY OR CREMATORY Montague Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Montague - Texas
REGISTRAR	25A. DATE REC'D BY LOCAL REG. Feb. 16 - 49		25B. REGISTRAR'S SIGNATURE Gene W. ...		26. FUNERAL DIRECTOR'S SIGNATURE Frank ... 328 S. ... Globe Ariz