

2792

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1809

CERTIFICATE OF DEATH

REGISTRAR'S NO. 34.

5-17-49

04 DEATH D 2201 SIDENCE 6	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>263 Pine Street</u>	
2 1 2 A 403 0 449	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mary Ann</u> B. (MIDDLE) <u>Plew</u> C. (LAST) <u>Plew</u>			4. SEX <u>fe</u>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>4</u> DAY <u>25</u> YEAR <u>1949</u>	8. AGE YEARS <u>7</u> MONTHS <u>8</u> DAYS <u>-</u>
	9. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
SE 0 18)	14A. FATHER'S NAME <u>Gene Plew</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Oklahoma</u>	15A. MOTHER'S MAIDEN NAME <u>Mary Mahine Wilson</u>
	16. INFORMANT'S SIGNATURE <u>Gene Plew father</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 25 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, ASTHMA, 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>Prematurity (6 months)</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) _____ RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PH TO NAL NCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) _____		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
CAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4-25</u> 19 <u>49</u> TO <u>4-25</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>4-25</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>9:00</u> P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23C. DATE SIGNED <u>4-25-49</u>
	23A. SIGNATURE <u>Alexander J. Bass, M.D.</u>		23B. ADDRESS <u>Globe</u>	
RAL TOR D RAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>4/25/49</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>
	25A. DATE REC'D BY LOCAL REG. <u>4-22-49</u>		25B. REGISTRAR'S SIGNATURE <u>Gene Traubee</u>	
		26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank P. P. P.</u>		ADDRESS <u>328 1/2 Pine St Globe Arizona</u>