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

STATE FILE NO. **2310**
REGISTRAR'S NO. **40**

794

BIRTH NO. 04 14 18 DEATH 19 201 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 RURAL) OR TOWN Globe		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 40 Yrs 40 Yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe, Arizona	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila County Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Gila County Hospital (7 Mos)		
IDENTIFICATION 1 3 TA/54 9 549	3. NAME OF DECEASED A. (FIRST) Julius B. (MIDDLE) Milton C. (LAST)			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 3 DAY 23 YEAR 1865		8. AGE YEARS 84 MONTHS 2 DAYS 0	
	9. KIND OF BUSINESS OR INDUSTRY City of Globe		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Sweden		11. CITIZEN OF WHAT COUNTRY? U. S.	
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. None		14. FATHER'S NAME Unknown		
14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown		
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE Records on person		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 23, 1949		
USE F TH (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) Senility INTERVAL BETWEEN ONSET AND DEATH		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b): DUE TO (c):		
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
TH TO RNAL ENCE	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"/>	
ICAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 23, 1949 TO May 23, 1949 THAT I LAST SAW THE DECEASED ALIVE ON May 23, 1949 AND THAT DEATH OCCURRED AT 3:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23A. SIGNATURE Walter M. O'Brien		
	23B. ADDRESS Globe Arizona		23C. DATE SIGNED 5-25-49			
ERAL CTOR ND TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE May 26, 49		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona		25A. DATE REC'D BY LOCAL REG. May 25-49		25B. REGISTRAR'S SIGNATURE Gene Navalee	
25C. FUNERAL DIRECTOR'S SIGNATURE Frank Shady		25D. ADDRESS 328 So. Hill St. Globe, Arizona				