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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS ^{8912.3} STATE FILE NO. **2858**
CERTIFICATE OF DEATH

02 OF DEATH AND 0303 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Ariz. Cochise		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Douglas		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Douglas		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Douglas Hospital		D. STREET ADDRESS 1375 20th St		
EDENT SONAL DATA 649	3. NAME OF DECEASED A. (FIRST) Gent B. (MIDDLE) Guion C. (LAST) Lovelady			4. SEX Male	5. COLOR OR RACE White
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Apr. DAY 7 YEAR 04	8. AGE YEARS 45 MONTHS 2 DAYS 12	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Carpenter
	9B. KIND OF BUSINESS OR INDUSTRY Contractor	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico	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. 526-07-5263
14A. FATHER'S NAME John E. Lovelady		14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Martha Corgil		
16. INFORMANT'S SIGNATURE <i>Mrs. G. J. Lovelady</i>		17. DATE OF DEATH (MONTH) June (DAY) 19 (YEAR) 1949		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
CAUSE OF DEATH EM 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.				
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) TETANUS.			INTERVAL BETWEEN ONSET AND DEATH	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Broncho pneumonia Circulatory collapse Bronchial asthma			8 days	
ACTIONS, TOPSY DEATH IE TO ERNAL LENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
	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?	
MEDICAL PRONER'S IFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM FEB 25 19 47 TO JUNE 19 19 49 . THAT I LAST SAW THE DECEASED ALIVE ON JUNE 19 19 49 AND THAT DEATH OCCURRED AT 8:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <i>Emory E Royce M.D.</i>		23B. ADDRESS Douglas, Ariz		
	23C. DATE SIGNED JUNE 29 1949				
GENERAL ECTOR AND ISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 6-21-49	24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paulou Brown</i> ADDRESS Douglas		
	25A. DATE REC'D BY LOCAL REG. June 21/49		25B. REGISTRAR'S SIGNATURE <i>Edw Adamson</i>		
		26. FUNERAL DIRECTOR'S SIGNATURE <i>Paulou Brown</i> ADDRESS Douglas			
		27. EMBALMER'S SIGNATURE <i>Paulou Brown</i> CERT. NO. 238			