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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2882

CERTIFICATE OF DEATH

REGISTRAR'S NO. 38

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 RURAL) <u>Globe Ariz</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe Arizona</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gilad Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>109 Machine St</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Starry</u> B. (MIDDLE) <u>Mamitt</u> C. (LAST) <u>Mamitt</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>Dec</u> DAY <u>17</u> YEAR <u>1883</u>	
8. AGE YEARS <u>66</u> MONTHS <u>4</u> DAYS <u>28</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Laborer</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Yugoslavia</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
13. SOCIAL SECURITY NO. <u>527-07-3184</u>		14A. FATHER'S NAME <u>Unknown</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		16. INFORMANT'S SIGNATURE <u>Helen Feticich</u> ADDRESS <u>Globe Ariz</u>	
17. DATE OF DEATH (MONTH) <u>May</u> (DAY) <u>15</u> (YEAR) <u>1949</u>		18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Cancer of colon (probable)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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"/>		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>May 10</u> 19 <u>49</u> TO <u>May 15</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>May 15</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>2:35</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE) <u>Walter M. Bain MD</u>		23B. ADDRESS <u>Globe</u>	
23C. DATE SIGNED <u>May 17, '49</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE <u>May 18 49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Ariz</u>		25A. DATE REC'D BY LOCAL REG. <u>May 18-49</u>	
25B. REGISTRAR'S SIGNATURE <u>Gene Navalee</u>		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank A. Blake Globe, Arizona</u>	