

959

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

STATE FILE NO. 2884

REGISTRAR'S NO. 571

BIRTH NO. 54 53 OF DEATH 19 00 ND 02-01 RESIDENCE 1	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Minnesota B. COUNTY Murray		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 10 days 8 mos		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Unknown		
DENTAL ONAL ATA 179 X 649	3. NAME OF DECEASED A. (FIRST) DELMAR B. (MIDDLE) MERTON C. (LAST) MEAD			4. SEX Male	5. COLOR OR RACE White
	6. MARRIED NEVER MARRIED WIDOWED DIVORCED	7. DATE OF BIRTH MONTH DAY YEAR Aug. 21 1869	8. AGE YEARS MONTHS DAYS 79 10 8	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Businessman	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Unknown	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
	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 Harry D. Shipley		ADDRESS Cibecue, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 29, 1949	
USE OF ATH A 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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 1 wk seven years
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ATH TO RNAL ENCE	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?
ICAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Drach</u> 19 <u>49</u> TO <u>June 29</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>June 29</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>5:15 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE Watson O. Swin M.D.		23B. ADDRESS Globe Ariz		23C. DATE SIGNED 6-29-49
ERAL CTOR ID TRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL		24B. DATE June 30, 1949		24C. NAME OF CEMETERY OR CREMATORY Fulda, Minnesota
	25A. DATE REC'D BY LOCAL REG. 6-29-49		25B. REGISTRAR'S SIGNATURE Dorine Waukele		26. FUNERAL DIRECTOR'S SIGNATURE Frank A. Drach 27. EMBALMER'S SIGNATURE Frank A. Drach ADDRESS Globe, Arizona CERT. NO. 248-A