1501

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3386

CERTIFICATE OF DEATH

REGISTRAR'S NO. 58

2TH NO.

PLACE OF DEATH
1. COUNTY Gila
1. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Central Heights
C. LENGTH OF STAY IN THIS PLACE 3 mth | IN ARIZONA 60 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Monroe street

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona B. COUNTY Gila
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Central Heights
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Monroe street

DECEDENT PERSONAL DATA

NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Adeline B. (MIDDLE) Clemenea C. (LAST) Anderson
4. SEX f 5. COLOR OR RACE white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH MONTH April DAY 19 YEAR 1877
8. AGE YEARS 72 MONTHS 3 DAYS 7
IF UNDER 24 HOURS: HOURS X MIN. X
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Housewife
9. KIND OF BUSINESS OR INDUSTRY Housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME George Jackson
14B. BIRTHPLACE (STATE OR COUNTRY) Missouri
15A. MOTHER'S MAIDEN NAME Adeline Dunn
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Mrs. John M. Anderson ADDRESS Husband Central Heights Ariz.
17. DATE OF DEATH (MONTH) July (DAY) 26 (YEAR) 1949 3:20 am

CAUSE OF DEATH (ITEM 18)

MEDICAL CERTIFICATION

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. ACCIDENT, DISEASE CONTRACTED.)

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Abdominal Malignancy — INTERVAL BETWEEN ONSET AND DEATH: 3 months approx.
c hemorrhage.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Diabetes Mellitus — 10 yrs.
DUE TO (c) Malignant hypertension — 10 yrs.
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatic heart disease

OPERATIONS, AUTOPSY
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE
21. 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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-8, 1949, TO 7-26, 1949, THAT I LAST SAW THE DECEASED ALIVE ON 7-26, 1949, AND THAT DEATH OCCURRED AT 3:30 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE Ruth E. Huffman (DEGREE OR TITLE) D.O.
23B. ADDRESS 149 S. Broad st - Globe Ariz.
23C. DATE SIGNED 7-27-49

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE July 28 1949
24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona
25A. DATE REC'D BY LOCAL REG. 7-27-49
25B. REGISTRAR'S SIGNATURE Irene Manulee
26. FUNERAL DIRECTOR'S SIGNATURE W. F. McClellan ADDRESS
27. EMBALMER'S SIGNATURE W. F. McClellan CERT. NO. 200A

FORM VS 2 REV. 4-49 15M