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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS 761.5 STATE FILE NO. 3989  
CERTIFICATE OF DEATH REGISTRAR'S NO. 63

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1. PLACE OF DEATH A. COUNTY <u>Globe</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u> C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 days</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sala County Hospital</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Globe</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Superior</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Box 427 - Terrace Drive</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Infant David Douglas</u> B. (MIDDLE) <u>Poe</u> C. (LAST) <u>Poe</u>			4. SEX <u>male</u>
6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>12</u> YEAR <u>1949</u>	8. AGE YEARS <u>x</u> MONTHS <u>x</u> DAYS <u>1</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
14A. FATHER'S NAME <u>Edward William Poe</u>		14B. FATHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Zora Zuelow Thompson</u>
16. INFORMANT'S SIGNATURE <u>Mr. Edward William Poe</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>August 13-1949</u>	
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) <u>Immaturity - about 7 months.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. <u>(mother had placenta praevia)</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.)	
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>8-12</u> 19 <u>49</u> TO <u>8-13</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>8-13</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>10:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>Walter J. Bosse, M.D.</u>		23B. ADDRESS <u>Globe</u>	
23C. DATE SIGNED <u>8-15-49</u>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Aug 15-1949</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>8-15-49</u>		25B. REGISTRAR'S SIGNATURE <u>Drene Vauelle</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank W. Kraly</u>		27. EMBALMER'S SIGNATURE <u>Frank W. Kraly</u>	
		CERT. NO. <u>248-A</u>	