

2226

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 4201 STATE FILE NO. 5501
CERTIFICATE OF DEATH REGISTRAR'S NO. 81

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19 16
RESIDENCE
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1. PLACE OF DEATH A. COUNTY Gila B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Globe C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 21yrs 24yrs D. FULL NAME OF HOSPITAL OR INSTITUTION Ice House Canyon		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 Globe D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Ice House Canyon	
3. NAME OF DECEASED (TYPE OR PRINT) Myrtle Ivy Phillips A. (FIRST) B. (MIDDLE) C. (LAST) 4. SEX female 5. COLOR OR RACE white			6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
7. DATE OF BIRTH MONTH DAY YEAR Jan 26 1884 8. AGE YEARS MONTHS DAYS 65 9 17 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) housewife		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no * * * * *	
9B. KIND OF BUSINESS OR INDUSTRY housewife 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri 11. CITIZEN OF WHAT COUNTRY? U. S. A.		13. SOCIAL SECURITY NO. none	
14A. FATHER'S NAME Albert R. Hutchison 14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas 15A. MOTHER'S MAIDEN NAME Mary Elizabeth Ahee 15B. BIRTHPLACE (STATE OR COUNTRY) Missouri		16. INFORMANT'S SIGNATURE ADDRESS Globe, Arizona.	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 13, 1949 INTERVAL BETWEEN ONSET AND DEATH 9:30 pm.		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. PLACE DISEASE CONTRAICTED.	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
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) (MINUTE) (SECOND) 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 9:30p 1949 TO 1949 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 13 1949 AND THAT DEATH OCCURRED AT 9:30p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) William E. Bishop MD		23B. ADDRESS Box 150 Globe Arizona	
23C. DATE SIGNED Nov. 14 '49		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizom.	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Nov. 17-1949	
24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizom.	
25A. DATE REC'D BY LOCAL REG. Nov. 14-49		25B. REGISTRAR'S SIGNATURE Irene Vauelle	
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Frank P. Praly Globe, Arizona		27. EMBALMER'S SIGNATURE CERT. NO. Frank P. Praly 248-A.	