

2220

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 331X 5503

CERTIFICATE OF DEATH

REGISTRAR'S NO. 83

DATE OF DEATH 04 19 19 0201 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 3yrs 70yrs		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Gila General Hospital		
IDENTIFICATION 4 ATA/85 6 X49	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Daniel B. (MIDDLE) Rose C. (LAST)			4. SEX male	5. COLOR OR RACE white
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR May 13 1864	8. AGE YEARS MONTHS DAYS 85 6 3	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). prospector mining	9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). prospector mining
	9B. KIND OF BUSINESS OR INDUSTRY mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	11. CITIZEN OF WHAT COUNTRY? U. S. A.	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. unkn own
14A. FATHER'S NAME William Henry Rose		14B. BIRTHPLACE (STATE OR COUNTRY) Ireland	15A. MOTHER'S MAIDEN NAME Mary Ann Towele McBride		15B. BIRTHPLACE (STATE OR COUNTRY) Ireland
16. INFORMANT'S SIGNATURE Gila County Welfare Board, Globe, Ariz.			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 16 1949		
CAUSE OF DEATH 331X 0 ATH M 18) 0	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. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) CENTRAL hemorrhage arteriosclerosis			20 years	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. senility			10 years	
OPERATIONS COPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
CAUSE TO DEATH INTERNAL INJURY	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?		
MEDICAL ATTENDING PHYSICIAN'S SIGNIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 1 49 TO Nov 16 49 THAT I LAST SAW THE DECEASED ALIVE ON Nov 16 49 AND THAT DEATH OCCURRED AT 5p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE Robert B. Leonard, M.D.	23B. ADDRESS Globe		23C. DATE SIGNED 11-17-49	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Nov. 21 1949	24C. NAME OF CEMETERY OR CREMATOR Globe Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
	25A. DATE REC'D BY LOCAL REG. 11-17-49	25B. REGISTRAR'S SIGNATURE Irene Havelle		26. FUNERAL DIRECTOR'S SIGNATURE Frank J. Brady 27. EMBALMER'S SIGNATURE Frank J. Brady 248-A	