

134

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

STATE FILE NO.

6115

REGISTRAR'S NO. 57

DEATH D RESIDENCE	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 OR RURAL) TOWN Miami			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 26 yrs 72 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN Globe				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Live Oak St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 529 South Wil' St.					
IDENTIFICATION A 178 7 V 419	3. NAME OF DECEASED A. (FIRST) Charles B. (MIDDLE) Collier C. (LAST) Maxwell			4. SEX male		5. COLOR OR RACE white				
	6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Oct 18 1871		8. AGE YEARS MONTHS DAYS 78 1 19		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). court bailiff-			
	9B. KIND OF BUSINESS OR INDUSTRY ret. bailiff		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nevada		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) *****			
	13. SOCIAL SECURITY NO. unknown		14A. FATHER'S NAME William Maxwell		14B. BIRTHPLACE (STATE OR COUNTRY) unknown		15A. MOTHER'S MAIDEN NAME Maryette Hamblin			
	15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		16. INFORMANT'S SIGNATURE (WIFE) Maria Frances Maxwell		17. DATE OF DEATH December 7, 1949		17. TIME OF DEATH 4:15 p.m.			
CAUSE OF DEATH 181	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 CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Arterio Sclerosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) - DUE TO (C) - II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic nephritis				INTERVAL BETWEEN ONSET AND DEATH 10 years one year	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CIRCUMSTANCES THAT LEAD TO DEATH	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?					
CALCULATION OF AGE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1940 TO Dec 7 1949. THAT I LAST SAW THE DECEASED ALIVE ON Dec 7 1949. AND THAT DEATH OCCURRED AT 4:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							23C. DATE SIGNED 12-8-49		
	23A. SIGNATURE T.C. Harper, M.D.			23B. ADDRESS Globe, Ariz.						
REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE December 10, 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. Dec 10 1949		25B. REGISTRAR'S SIGNATURE Stewart Peyton		26. FUNERAL DIRECTOR'S SIGNATURE Frank P. ...		27. EMBALMER'S SIGNATURE Frank P. ...			