ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 43

CERTIFICATE OF DEATH

BIRTH NO. 43

REGISTRAR'S NO. 3

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Globe
C. LENGTH OF STAY: IN THIS PLACE 22 yrs. IN ARIZONA 22 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 387 Hackney St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Globe
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 387 Hackney St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Tennesee B. (MIDDLE) Holt C. (LAST) Hawkins

4. SEX: female
5. COLOR OR RACE: white

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: X
7. DATE OF BIRTH: MONTH Sept DAY 21 YEAR 1853
8. AGE: YEARS 96 MONTHS 3 DAYS 22
IF UNDER 24 HOURS: HOURS X MIN. X
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): housewife
9B. KIND OF BUSINESS OR INDUSTRY: pensioner
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mount Hope, Alabama
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: Hugh Edwards
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Annie Murry
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Mrs Pearl Hawkins Denton (Daughter) ADDRESS: Globe Arizona
17. DATE OF DEATH (MONTH) January 13, 1950 (DAY) (YEAR) 12:30 p.M.

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) Arenia
ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Chronic Glomerulonephritis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: 10 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED on Jan 3, 1950 TO ——, 19—, THAT I LAST SAW THE DECEASED ALIVE ON Jan 3, 1950, AND THAT DEATH OCCURRED AT 12:30 pm. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): William E. Bishop MD.
23B. ADDRESS: Globe Arizona
23C. DATE SIGNED: Jan 13 1950

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Jan 17 1950
24C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe Arizona
25A. DATE REC'D BY LOCAL REG.: 1-16-50
25B. REGISTRAR'S SIGNATURE: Irene Wanslee
26. FUNERAL DIRECTOR'S SIGNATURE: Frank D. Healy ADDRESS: Globe Ariz.
27. EMBALMER'S SIGNATURE: Frank D. Healy CERT. NO. 248-A

FORM VS 2 REV. 4-49 15M