

*In Bishop* **46**

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **1**

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OF DEATH

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RESIDENCE

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1. PLACE OF DEATH A. COUNTY <i>Globe</i>		2. USUAL RESIDENCE A. STATE <i>Arizona</i> B. COUNTY <i>Globe</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 5/8 yrs life</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>El Rey Court - N. Broad Street</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>El Rey Court - N. Broad St</i>		E. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>El Rey Court - N. Broad Street</i>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Ann</i> B. (MIDDLE) <i>C.</i> C. (LAST) <i>Miller</i>			4. SEX <i>fe</i>
5. COLOR OR RACE <i>white</i>			
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Sept</i> DAY <i>21</i> YEAR <i>1890</i>	
8. AGE YEARS <i>39</i> MONTHS <i>3</i> DAYS <i>11</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <i>housewife</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Tenn. Arizona</i>	
11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	
13. SOCIAL SECURITY NO. <i>none</i>			
14A. FATHER'S NAME <i>Robert Beale</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Tennessee</i>	
15A. MOTHER'S MAIDEN NAME <i>Julia Lester</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Tennessee</i>	
16. INFORMANT'S SIGNATURE <i>Globe County, Wickenburg, Globe, Arizona</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>January 2 - 1950</i>	
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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <i>Bronchopneumonia</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) _____ 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.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) 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 _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <i>Thelewi E. Bishop MD</i>		23B. ADDRESS <i>Globe Arizona</i>	
23C. DATE SIGNED <i>1/3/50</i>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Final Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Central, Gresham, Arizona</i>	
25A. DATE REC'D BY LOCAL REG. <i>1-4-50</i>		25B. REGISTRAR'S SIGNATURE <i>Jane Kaveler</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>Frank Beale</i>		27. EMBALMER'S SIGNATURE <i>Frank Beale</i>	