

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2

**1. PLACE OF DEATH**  
A. COUNTY Greenlee  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Morenci  
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 1 Day 50yrs  
D. FULL NAME OF HOSPITAL OR INSTITUTION F T Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)  
A. STATE Arizona  
B. COUNTY Greenlee  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Clifton Rural  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

**3. NAME OF DECEASED** (TYPE OR PRINT)  
A. (FIRST) Luther  
B. (MIDDLE) —  
C. (LAST) Hulsey

**4. SEX** M  
**5. COLOR OR RACE** White

**6. MARRIED**  NEVER MARRIED  WIDOWED  DIVORCED

**7. DATE OF BIRTH** 1904 9 4  
MONTH DAY YEAR

**9A. USUAL OCCUPATION** (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.)  
Mining & Agriculture

**9B. KIND OF BUSINESS OR INDUSTRY** Mining  
**10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY) Arkansas  
**11. CITIZEN OF WHAT COUNTRY** US  
**12. WAS DECEASED EVER IN U. S. ARMED FORCES?** (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No No  
**13. SOCIAL SECURITY NO.**

**14. FATHER'S NAME** John L Hulsey  
**14B. BIRTHPLACE** (STATE OR COUNTRY) ARK  
**15A. MOTHER'S MAIDEN NAME** Mingerva Stone  
**15B. BIRTHPLACE** (STATE OR COUNTRY) ARK

**16. INFORMANT'S SIGNATURE** D. McMillan  
**ADDRESS** Clifton Ariz

**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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.  
 PLACE DISEASE CONTRACTED.

**1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\*** (a) acute congestive failure  
(b) myocarditis, chronic  
(c) arteriosclerosis, generalized

**II. OTHER SIGNIFICANT CONDITIONS**  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

**INTERVAL BETWEEN ONSET AND DEATH**  
years  
years

**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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY**  
**21E. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK   
**21F. HOW DID INJURY OCCUR?**

**22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM** Jan 24 1950 **TO** Jan 24 1950 **THAT I LAST SAW THE DECEASED** Jan 24 1950 **AND THAT DEATH OCCURRED AT** 10:00 **A.M.** **FROM THE CAUSES AND ON THE DATE STATED ABOVE.**

**23A. SIGNATURE** Arthur Engelder **(DEGREE OR TITLE)** MD  
**23B. ADDRESS** Morenci Ariz  
**23C. DATE SIGNED** Jan 24 '50

**24A. BURIAL**  CREMATION  REMOVAL

**24B. DATE** Jan 26 1950  
**24C. NAME OF CEMETERY OR CREMATORY** Don't Know  
**24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)** Springerville Ariz

**25A. DATE REC'D BY LOCAL REG.** 1-26-50  
**25B. REGISTRAR'S SIGNATURE** Dwight Strickland  
**26. FUNERAL DIRECTOR'S SIGNATURE** D. McMillan  
**27. EMBALMER'S SIGNATURE** D. McMillan  
**ADDRESS** Clifton Ariz  
**CERT. NO.** 166A