

CERTIFICATE OF DEATH

REGISTRAR'S NO.

15

BIRTH NO. _____

1. PLACE OF DEATH
A. COUNTY Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN Globe)
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 2lyrs | 2lyrs
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) 597 S. 2nd St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona B. COUNTY Gila
C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Globe
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 597 S. 2nd St. Globe, Arizona.

3. NAME OF DECEASED
A. (FIRST) Mrs. Estelle Moran B. (MIDDLE) _____ C. (LAST) _____
4. SEX female 5. COLOR OR RACE white

6. MARRIED NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH Dec. DAY 8 YEAR 1871
8. AGE YEARS 78 MONTHS 2 DAYS 9
IF UNDER 24 HOURS *HRS. **MIN. _____
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife

9B. KIND OF BUSINESS OR INDUSTRY housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE YEAR OR DATES OF SERVICE) no
13. SOCIAL SECURITY NO. none

14A. FATHER'S NAME Thomas Rhoades
14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky
15A. MOTHER'S MAIDEN NAME Sina Elizabeth Lee
15B. BIRTHPLACE (STATE OR COUNTRY) Illinois

16. INFORMANT'S SIGNATURE R. Rhoades ADDRESS 597 S 2nd Globe, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Feb. 17, 1950 1:00 pm

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 CONTACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH 5 years

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21A. ACCIDENT (SPECIFY) _____ SUICIDE _____ HOMICIDE _____ 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. 1949 TO Feb. 17, 1950 THAT I LAST SAW THE DECEASED ALIVE ON Feb. 14, 1950 AND THAT DEATH OCCURRED AT 10 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Walter J. Bosse, M.D. (AGREE OR TITLE) 23B. ADDRESS Globe 23C. DATE SIGNED 2-19-50

24A. BURIAL CREMATION REMOVAL 24B. DATE Feb. 21, 1950 24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Crematory 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG. 2-20-50 25B. REGISTRAR'S SIGNATURE Drew Waualee 26. FUNERAL DIRECTOR'S SIGNATURE Frank P. Gray, M.D., City ADDRESS _____ 27. EMBALMER'S SIGNATURE Frank P. Gray CERT. NO. 248-A.