

CERTIFICATE OF DEATH

REGISTRAR'S NO.

10

BIRTH NO.

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 TOWN) *Globe*

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) *60 yrs | 62 yrs*

C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN *Globe*

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) *Gila General Hospital*

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *346 S. Hill St.*

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST) *Ashford Louis* B. (MIDDLE) *Quarles* C. (LAST)

4. SEX

male

5. COLOR OR RACE

white

6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)

7. DATE OF BIRTH MONTH *Dec* DAY *7* YEAR *1872*

8. AGE YEARS *77* MONTHS *1* DAYS *28*

IF UNDER 24 HOURS OF DEATH HOURS ***** MIN. *****

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED). *cattleman*

9B. KIND OF BUSINESS OR INDUSTRY *cattleman*

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Texas*

11. CITIZEN OF WHAT COUNTRY? *U. S. A.*

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *no ******

13. SOCIAL SECURITY NO. *none*

14A. FATHER'S NAME *(Unknown) Quarles*

14B. BIRTHPLACE (STATE OR COUNTRY) *unknown*

15A. MOTHER'S MAIDEN NAME *unknown*

15B. BIRTHPLACE (STATE OR COUNTRY) *unknown*

16. INFORMANT'S SIGNATURE (SIGN) *Nicholas Quarles - Globe Arizona* ADDRESS

17. DATE OF DEATH (MONTH) *Feb. 5, 1950* (DAY) *10:10 p.m.* (YEAR)

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) *Wreniat Pulmonary Edema*
 ANTECEDENT CAUSES (b) *Chronic P. Nephritis*
 DUE TO (c) *Senility*

INTERVAL BETWEEN ONSET AND DEATH *4 days*

PLACE DISEASE CONTRAICTED.

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

19A. DATE OF OPERATION *None*

19B. MAJOR FINDINGS OF OPERATION *None*

20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) *no*

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) *none*

21C. (CITY OR TOWN) *Globe* (COUNTY) *Gila* (STATE) *Arizona*

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 _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) *Beryl M. Brown M.D.*

23B. ADDRESS *Marana Arizona*

23C. DATE SIGNED *Feb 8-50*

24A. BURIAL (CREMATION REMOVAL)

24B. DATE *Feb. 8, 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. *Feb. 8-50*

25B. REGISTRAR'S SIGNATURE *Gene Wausche*

26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Frank P. Gray, Globe, Arizona*

27. EMBALMER'S SIGNATURE CERT. NO. *Frank P. Gray, 748-A.*