

CERTIFICATE OF DEATH

REGISTRAR'S NO. 19.

BIRTH NO.

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1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Globe</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 1/2 mths 45 y's</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>114 Globe, 3 street</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>			
3. NAME OF DECEASED (TYPE OR PRINT) <u>Barney John Ponkey</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
A. (FIRST)		B. (MIDDLE)	
C. (LAST)			
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>9</u> YEAR <u>1869</u>	8. AGE YEARS <u>80</u> MONTHS <u>5</u> DAYS <u>25</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>ret. night watchman</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>night watchman</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Germany</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no *****</u>
13. SOCIAL SECURITY NO. <u>none</u>	14A. FATHER'S NAME <u>unknown</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	15A. MOTHER'S MAIDEN NAME <u>unknown</u>
15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	16. INFORMANT'S SIGNATURE <u>Gila County Welfare Board, Globe, Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 6, 1950 9:55 am</u>
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) <u>Cardiac Failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAT. THE UNDERLYING CAUSE LAST. <u>Chr. myositis Fibrocarditis</u> 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.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>A</u>			
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 NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1 Mar 50</u> TO <u>6 Mar 50</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>5 Mar 50</u> , AND THAT DEATH OCCURRED AT <u>9:55 am</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>Globe, Ariz</u>	
23C. DATE SIGNED <u>8 Mar 50</u>			
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/>		24B. DATE <u>Mar 10, 1950</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>2-8-50.</u>		25B. REGISTRAR'S SIGNATURE <u>Inez Vaucler</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank J. Gray</u>		27. EMBALMER'S SIGNATURE <u>Frank J. Gray</u>	
ADDRESS <u>Globe, Arizona</u>		CERT. NO. <u>248-A.</u>	