

CERTIFICATE OF DEATH

24

4 DEATH 19 201 RESIDENCE	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		REGISTRAR'S NO.	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN Globe		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 38 yrs. 48 yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Globe			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 698 W. Sutherland St.					
3 MARRIED NEVER MARRIED WIDOWED DIVORCED	3. NAME OF DECEASED (TYPE OR PRINT) Elizabeth Ann Brynn			4. SEX fe		5. COLOR OR RACE white		
	6. MARRIED NEVER MARRIED WIDOWED DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR Jan 18 1860		8. AGE YEARS MONTHS DAYS 90 1 23		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) England		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	
190 9 350	14A. FATHER'S NAME John Pape		14B. BIRTHPLACE (STATE OR COUNTRY) England		15A. MOTHER'S MAIDEN NAME Catherine		15B. BIRTHPLACE (STATE OR COUNTRY) England	
	13. INFORMANT'S SIGNATURE George Brynn		ADDRESS Globe Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 11, 1950 10:30 AM			
	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) Cerebral Hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Recent fracture arm				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
H O I C E	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) no		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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
AL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 1 1950</u> TO <u>March 11 1950</u> AND THAT DEATH OCCURRED AT <u>103 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE Dorance Ginter M.D.		23B. ADDRESS Globe Ariz		23C. DATE SIGNED 3/13/50			
AL OR AR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Mar 14-1950		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
	25A. DATE REC'D BY LOCAL REG. 3-13-50		25B. REGISTRAR'S SIGNATURE Gene Wausle		26. FUNERAL DIRECTOR'S SIGNATURE Frank J. [Signature]		27. EMBALMER'S SIGNATURE Frank J. [Signature] 248-A.	