

CERTIFICATE OF DEATH

REGISTRAR'S NO. 124

BIRTH NO.

11
87-05-76
E OF DEATH
AND
0323
L RESIDENCE
5

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Graham	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Safford	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 8 mos 67 yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) none (Rural)	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Southside District Hospital			

1
CEDENT 3
PERSONAL
DATA 184
6
550

3. NAME OF DECEASED A. (FIRST) JAMES B. (MIDDLE) ROBERT C. (LAST) WELKER			4. SEX M	5. COLOR OR RACE W
6. MARRIED NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH 1 DAY 25 YEAR 66	8. AGE YEARS 84 MONTHS 4 DAYS 4	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Merchant, ret.	
9B. KIND OF BUSINESS OR INDUSTRY Hay & Grain	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Idaho	11. CITIZEN OF WHAT COUNTRY? USA	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 Adam Welker	14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME Agnus Dock	15B. BIRTHPLACE (STATE OR COUNTRY) Scotland	
16. INFORMANT'S SIGNATURE Mrs. Ruby Waughtal		ADDRESS Mesa, Arizona		17. DATE OF DEATH (MONTH) May (DAY) 29 (YEAR) 1950

CAUSE OF DEATH (FEM 18)

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) peripheral vascular collapse.		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) _____ RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS
AUTOPSY 2
DEATH DUE TO INTERNAL LESION

19A. DATE OF OPERATION 5-29-50	19B. MAJOR FINDINGS OF OPERATION hypertrophic prostatism.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL OFFICER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **5-1-50**, 19____ TO **5-29-50**, 19____ THAT I LAST SAW THE DECEASED ALIVE ON **5-29-50**, 19____ AND THAT DEATH OCCURRED AT **4:40p** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>[Signature]</i>	(DEGREE OR TITLE) M.D.	23B. ADDRESS Mesa, Arizona	23C. DATE SIGNED 5-31-50
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INTERNAL DIRECTOR AND REGISTRAR 33

24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE 5-1-50	24C. NAME OF CEMETERY OR CREMATORY Safford Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona
25A. DATE REC'D BY LOCAL REG. 6-1-50	25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary	ADDRESS Mesa, Arizona
		27. EMBALMER'S SIGNATURE <i>[Signature]</i>	CERT. NO. 228A