

CERTIFICATE OF DEATH

BIRTH NO.

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1. PLACE OF DEATH A. COUNTY: <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE: <b>Arizona</b> B. COUNTY: <b>Gila</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN): <b>Globe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN): <b>rural</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Gila General Hospital</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION): <b>Tonto Basin</b>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): <b>William</b> B. (MIDDLE): <b>Andrew</b> C. (LAST): <b>Malone</b>			4. SEX: <b>male</b>	5. COLOR OR RACE: <b>white</b>
6. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED	7. DATE OF BIRTH: <b>Dec 23 1866</b>	8. AGE: <b>83</b> YEARS <b>5</b> MONTHS <b>8</b> DAYS	IF UNDER 24 HOURS: <b>**</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): <b>cattlem n-rancher</b>
9B. KIND OF BUSINESS OR INDUSTRY: <b>rancher</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): <b>Beeville, Texas</b>	11. CITIZEN OF WHAT COUNTRY?: <b>U. S. A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): <b>No</b>	13. SOCIAL SECURITY NO.: <b>none</b>
14A. FATHER'S NAME: <b>Tom Malone</b>	14B. BIRTHPLACE (STATE OR COUNTRY): <b>unknown</b>	15A. MOTHER'S MAIDEN NAME: <b>unknown</b>	15B. BIRTHPLACE (STATE OR COUNTRY): <b>Texas</b>	
16. INFORMANT'S SIGNATURE: <b>James Malone Beasler, Cal</b>			17. DATE OF DEATH: <b>June 1, 1950 5:15 a.m.</b>	

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) <b>Senility</b>		
	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"/>
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **May 20** 19**50** TO **June 1** 19**50**. THAT I LAST SAW THE DECEASED ALIVE ON **May 31** 19**50** AND THAT DEATH OCCURRED AT **5:15 AM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: **Walter M. O'Brien** (DEGREE OR TITLE)

23B. ADDRESS: **Globe Arizona**

23C. DATE SIGNED: **June 1-1950**

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE: <b>June 4, 1950</b>	24C. NAME OF CEMETERY OR CREMATORY: <b>Globe Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): <b>Globe, Ariz</b>
25A. DATE REC'D BY LOCAL REG.: <b>6-2-50</b>	25B. REGISTRAR'S SIGNATURE: <b>Drew Wauson</b>	26. FUNERAL DIRECTOR'S SIGNATURE: <b>Frank D. Gray</b> ADDRESS: <b>Globe Ariz</b>	
		27. EMBALMER'S SIGNATURE: <b>Frank D. Gray</b> CERT. NO.: <b>248-A</b>	