

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 42

1. PLACE OF DEATH

A. COUNTY

Gila

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)

A. STATE Arizona

B. COUNTY Pinal

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Miami

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 yr 25 yr

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Superior

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Keystone Hotel

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 271 Main St.

3. NAME OF DECEASED

A. (FIRST) Dorothy

B. (MIDDLE) Bessie

C. (LAST) O'Brien

4. SEX female

5. COLOR OR RACE white

6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH MONTH DAY YEAR Aug 12 1887

8. AGE 62^{YRS} 9 MONTHS 27^{YRS}

IF UNDER 24 HOURS HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California

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 Herman Brugge

14B. BIRTHPLACE (STATE OR COUNTRY) Germany

15A. MOTHER'S MAIDEN NAME Susan Schultz

15B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin

16. INFORMANT'S SIGNATURE *Edmund Brugge*

ADDRESS Fontana, Calif.

17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 9 1950

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Rectal Cancer

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b),

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

DUE TO (c),

INTERVAL BETWEEN ONSET AND DEATH 3 no

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 5 1950 TO June 9 1950. THAT I LAST SAW THE DECEASED ALIVE ON June 9 1950. AND THAT DEATH OCCURRED AT 2:45 AM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE *Nelson D. Brayton* M.D.

23B. ADDRESS Miami, Arizona.

23C. DATE SIGNED 6/10/50

24A. BURIAL CREMATION REMOVAL

24B. DATE June 10, 1950

24C. NAME OF CEMETERY OR CREMATORY Superior Cemetary

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Superior, Arizona.

25. DATE REC'D BY LOCAL REG. June 10 1950

25B. REGISTRAR'S SIGNATURE *Nelson D. Brayton*

26. FUNERAL DIRECTOR'S SIGNATURE *Harold M. Smith*

ADDRESS

27. EMBALMER'S SIGNATURE *Harold M. Smith*

CERT. NO.