

CERTIFICATE OF DEATH

REGISTRAR'S NO. 75

04 94 CE OF DEATH 19 AND AL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Globe			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 435 N. Hill St.			D. STREET (IF RURAL, GIVE LOCATION) 435 N. Hill St.		
PRECEDENT PERSONAL DATA 176 4 050	3. NAME OF DECEASED (TYPE OR PRINT) Pearl Cossett Phillips			4. SEX male		5. COLOR OR RACE white
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH March 11 1874		8. AGE 76 YEARS 6 MONTHS 20 DAYS
	9. KIND OF BUSINESS OR INDUSTRY barber			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? U. S. A.
4500 CAUSE OF DEATH ITEM 18) 0	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no			13. SOCIAL SECURITY NO. unknown		14. FATHER'S NAME William Phillips
	15A. MOTHER'S MAIDEN NAME Nancy Elizabeth Coners			15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		16. INFORMANT'S SIGNATURE Mrs. Adeline Phillips
	17. DATE OF DEATH Oct. 1, 1950			17. TIME OF DEATH 8:00 P.M.		18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis (b) Bronchiectasis (c) Anterior Sclerosis 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
OPERATIONS, AUTOPSY 2	19A. DATE OF OPERATION none			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?
MEDICAL CORONER'S CERTIFICATION 1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 50 TO Oct. 1 , 19 50 . THAT I LAST SAW THE DECEASED ALIVE ON Oct. 1 , 19 50 AND THAT DEATH OCCURRED AT 8 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE T.C. Harper, M.D.			23B. ADDRESS Globe, Ariz.		23C. DATE SIGNED 10-2-50
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			24B. DATE Oct. 4, 1950		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery
FUNERAL DIRECTOR AND REGISTRAR 17	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona			25A. DATE REC'D BY LOCAL REG. 10-4-50		25B. REGISTRAR'S SIGNATURE Inez Muesler
	25C. FUNERAL DIRECTOR'S SIGNATURE Jesse James Walker			25D. ADDRESS Globe, Ariz.		25E. CENT. NO. #323
	25F. EMBALMER'S SIGNATURE Jesse James Walker			25G. ADDRESS		25H. CENT. NO.