

CERTIFICATE OF DEATH

BIRTH NO.

04 066
05 DEATH
AND
201 RESIDENCE
5

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>rural</u>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>37 yrs. 37 yrs</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>20 miles East Globe, Highway 60</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>			

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EDENT
PERSONAL
DATA 176
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3. NAME OF DECEASED (TYPE OR PRINT) <u>Carl Matis</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>28</u> YEAR <u>1874</u>		8. AGE YEARS <u>76</u> MONTHS <u>9</u> DAYS <u>21</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <u>carpenter-retired</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>timberman</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Munich, Germany</u>	11. CITIZEN OF (STATE OR COUNTRY) <u>U. S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>
13. SOCIAL SECURITY NO. <u>unknown</u>		14A. MOTHER'S NAME <u>unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>
15A. MOTHER'S MAIDEN NAME <u>unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>		16. INFORMANT'S SIGNATURE <u>Gil. County Welfare Bd. Globe, Ariz.</u>
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec. 19, 1950 at 2:40 a.m.</u>				

157X
CAUSE
OF
DEATH
(EM 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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the head of the pancreas</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ACTIONS,
TOPSY
DEATH
DUE TO
FERNAL
PLNCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) <u>M</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

DICAL
DRONER'S
FICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1950 TO 19 Dec 1950. THAT I LAST SAW THE DECEASED ALIVE ON 18 Dec 1950 AND THAT DEATH OCCURRED AT 2:40 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) <u>Dr. Wheeler M.D.</u>	23B. ADDRESS <u>Globe, Arizona</u>	23C. DATE SIGNED <u>19 Dec 50</u>
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ECTOR
AND
ISTRAR

24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24B. DATE <u>Dec. 20-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona.</u>
25A. DATE REC'D BY LOCAL REG. <u>12-19-50</u>	25B. REGISTRAR'S SIGNATURE <u>Dr. Wheeler</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank P. Gray</u>	27. EMBALMER'S SIGNATURE <u>Frank P. Gray</u>