

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

63

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2

BIRTH NO.

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 TOWN Globe) C. LENGTH OF STAY  
IN THIS PLACE IN ARIZONA  
2 yrs 52yrs

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)  
OR TOWN Globe

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  
HOSPITAL OR INSTITUTION Gila General Hospital

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)  
Gila General Hospital

3. NAME OF DECEASED A. (FIRST) B. (MIDDLE) C. (LAST)  
TYPE OR PRINT: Frank - - Pierce

4. SEX male 5. COLOR OR RACE white

6. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  7. DATE OF BIRTH  
MONTH DAY YEAR March 3 1865 8. AGE  
YEARS MONTHS DAYS 85 10 5 9. USUAL OCCUPATION (GIVE KIND OF WORK  
DURING MOST OF LIFE, EVEN IF RETIRED).  
cook

9B. KIND OF BUSINESS OR INDUSTRY cook-ret. 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois 11. CITIZEN OF WHAT COUNTRY? U. S. A. 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 unknown 14B. BIRTHPLACE (STATE OR COUNTRY) unknown 15A. MOTHER'S MAIDEN NAME unknown 15B. BIRTHPLACE (STATE OR COUNTRY) unknown

16. INFORMANT'S SIGNATURE ADDRESS Gila Count Welfare Bd. Globe, Arizona 17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 8, 1951 at 12:25 p.m.

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 FAIL-  
URE, ASTHENIA, ETC.  
IT MEANS THE DISEASE  
INJURY, OR COMPLICA-  
TION WHICH CAUSED  
DEATH.  
PLACE DISEASE CON-  
TRACTED.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITIONS  
DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
MORBID CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (R) STAT-  
ING THE UNDERLYING CAUSE LAST.  
DUE TO (b) Arterio sclerosis  
DUE TO (c) Senility - Anemia  
II. OTHER SIGNIFICANT CONDITIONS  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT  
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  
Broncho Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH  
10 minutes

19A. DATE OF OPERATION none. 19B. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY?  
YES  NO

21A. ACCIDENT (SPECIFY) none SUICIDE HOMICIDE 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME,  
FARM, FACTORY, STREET, OFFICE BLDG., ETC.) none 21C. (CITY OR TOWN) Globe (COUNTY) Gila (STATE) Arizona

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY none. M 21E. INJURY OCCURRED WHILE AT WORK  NO WHILE WORK  21F. HOW DID INJURY OCCUR none

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 7, 1951 to Jan 8, 1951 THAT I LAST SAW THE DECEASED  
ALIVE ON Jan 8, 1951 AND THAT DEATH OCCURRED AT 12:25 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) Cyril M. Cron M.D. 23B. ADDRESS 304 Line outst. Miami, Arizona 23C. DATE SIGNED 1-9-51

24A. BURIAL  CREMATION  REMOVAL  24B. DATE Jan 10, 1951 24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona

25A. DATE REC'D BY LOCAL REG. 1-10-51 25B. REGISTRAR'S SIGNATURE Irene Wausler 25. FUNERAL DIRECTOR'S SIGNATURE Frank J. Craby, Globe, Arizona 27. EMBALMER'S SIGNATURE Frank J. Craby, 248-A. CERTY NO.