

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 718

CERTIFICATE OF DEATH

DEATH RESIDENCE	BIRTH NO. 0465		1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE A. STATE <i>Arizona</i> IF INSTITUTION: RESIDENCE BEFORE ADMISSION: B. COUNTY <i>Gila</i>		REGISTRAR'S NO. 17	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>1 day 15 1/2 hrs</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN) <i>Tonto Basin Arizona</i>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>125 W 4th street</i>		GIVE STREET ADDRESS (IF RURAL, GIVE LOCATION)		D. STREET ADDRESS <i>4 1/2 miles N. Globe, Arizona</i>			
	3. NAME OF DECEASED A. (FIRST) <i>Robert Edward</i> (TYPE OR PRINT)		B. (MIDDLE) <i>Ratliff</i>		C. (LAST) <i>Ratliff</i>		4. SEX <i>male</i>	5. COLOR OR RACE <i>white</i>
IDENTIFICATION	6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Feb</i> DAY <i>19</i> YEAR <i>1888</i>		8. AGE YEARS <i>63</i> MONTHS <i>0</i> DAYS <i>1</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <i>rougher - mining</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>rougher cattle</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>W. Va.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	
	14A. FATHER'S NAME <i>William Ratliff</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Louisiana</i>		15A. MOTHER'S MAIDEN NAME <i>Molly Hughes</i>		13. SOCIAL SECURITY NO. <i>526-050274</i>	
	16. INFORMANT'S SIGNATURE <i>Mrs. Edna Ratliff</i>		ADDRESS <i>Tonto Basin</i>		17. DATE OF DEATH MONTH <i>Feb</i> DAY <i>20</i> YEAR <i>1951</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>(Unknown)</i>	
CAUSE OF DEATH	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 CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Edema</i>				INTERVAL BETWEEN ONSET AND DEATH <i>17 hours</i>	
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Status Lethargicus</i>				<i>days</i>	
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Silicosis Advanced</i>					
OPERATION	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)			
INJURY	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 ALIVE ON <i>Feb 20</i> 19 <i>51</i> AND THAT DEATH OCCURRED AT <i>3:00pm</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
CERTIFICATION	23A. SIGNATURE <i>William E. Bishop</i>		(DEGREE OR TITLE) <i>MD</i>		23B. ADDRESS <i>Globe Arizona</i>		23C. DATE SIGNED <i>Feb 21 1951</i>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Feb. 25, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Tonto Basin cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tonto Basin, Arizona</i>	
REGISTRATION	25A. DATE REC'D BY LOCAL REG. <i>2-22-51</i>		25B. REGISTRAR'S SIGNATURE <i>Gene Wauson</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Frank J. Kelly</i>		27. EMBALMER'S SIGNATURE <i>Frank J. Kelly</i>	

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