

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3307 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO. 44

BIRTH NO.

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| 1. PLACE OF DEATH A. COUNTY <u>Gila</u> | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u> | |
| B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Globe</u>) | | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>8mths</u> <u>45yrs</u> | |
| D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u> | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>318 South 1st street</u> | |

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| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mrs. Lura Frances</u> B. (MIDDLE) <u>McBrien</u> C. (LAST) | | | 4. SEX <u>fe</u> | 5. COLOR OR RACE <u>white</u> |
| 6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 7. DATE OF BIRTH MONTH <u>March</u> DAY <u>1</u> YEAR <u>1974</u> | B. AGE YEARS <u>77</u> MONTHS <u>3</u> DAYS <u>20</u> | IF UNDER 24 HOURS HOURS <u>**</u> MIN. <u>**</u> | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>housewife</u> |
| 9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Oketo, Kansas</u> | 11. CITIZEN OF WHAT 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>none</u> |
| 14A. FATHER'S NAME <u>V. C. Poor</u> | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Maine</u> | 15A. MOTHER'S MAIDEN NAME <u>Maria Wiley</u> | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u> | |

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| 16. INFORMANT'S SIGNATURE <u>Mrs. Thomas S. Diaz Los Angeles, CA</u> | ADDRESS <u>Los Angeles, CA</u> | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 21, 1951 7:15 a.m.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>terminal Bronchopneumonia</u> | | |
| | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>thromboplegia</u> | | | |

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| 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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? |

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| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 1951</u> TO <u>20 June 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>20 June 1951</u> AND THAT DEATH OCCURRED <u>at home</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | |
| 23A. SIGNATURE (DEGREE OR TITLE) <u>William E. Bishop MD</u> | 23B. ADDRESS <u>Box 10 Globe Arizona</u> | 23C. DATE SIGNED <u>6/21/51</u> |

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| 24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 24B. DATE <u>June 23, 1951</u> | 24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u> | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights, Arizona</u> |
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| 25A. DATE REC'D BY LOCAL REG. <u>6-22-51</u> | 25B. REGISTRAR'S SIGNATURE <u>Jane Havelle</u> | 25C. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Wacker</u> | ADDRESS <u>Globe Ariz.</u> EMBALMER'S SIGNATURE <u>Jesse James Wacker</u> ART. NO. <u>#323</u> |
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