

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3308

CERTIFICATE OF DEATH

REGISTRAR'S NO.

42

BIRTH NO.

24 04  
IF DEATH  
ND  
130119  
RESIDENCE

1. PLACE OF DEATH

A. COUNTY Gila  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN RURAL) Globe  
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 1 month 21 days 22 yrs.  
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).  
A. STATE Arizona  
B. COUNTY Gila  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 146 King Canyon Road 1799

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3. NAME OF DECEASED (TYPE OR PRINT)  
A. (FIRST) Susie B. (MIDDLE) Mary C. (LAST) Palmer  
4. SEX fe 5. COLOR OR RACE white  
6. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
7. DATE OF BIRTH MONTH 3 DAY 5 YEAR 1894 B. AGE YEARS 56 MONTHS 9 DAYS 14  
8. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) housewife  
9. KIND OF BUSINESS OR INDUSTRY housewife  
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah  
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. 527-26-7487

14A. FATHER'S NAME Tom Caldwell 14B. BIRTHPLACE (STATE OR COUNTRY) Unknown 15A. MOTHER'S MAIDEN NAME Unknown 15B. BIRTHPLACE (STATE OR COUNTRY) Unknown

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USE

16. INFORMANT'S SIGNATURE Charles Palmer ADDRESS Globe Ariz 17. DATE OF DEATH (MONTH) June (DAY) 19 (YEAR) 1951 300AM

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.  
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Hypertensive Heart disease  
ANTECEDENT CAUSES DUE TO (b) Hypertension  
DUE TO (c) Chronic Nephritis  
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Severe Secondary Arterial  
INTERVAL BETWEEN ONSET AND DEATH years.

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19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO   
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) 21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR?

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ONER'S  
ICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 18 1951 TO 18 June 1951, THAT I LAST SAW THE DECEASED ALIVE ON 18 June 1951 AND THAT DEATH OCCURRED 3:00a M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.  
23A. SIGNATURE (DEGREE OR TITLE) William E. Bishop MD 23B. ADDRESS Globe Arizona 23C. DATE SIGNED June 19 1951

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24A. BURIAL CREMATION REMOVAL    24B. DATE June 21-1951 24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe Arizona  
25A. DATE REC'D BY LOCAL REG. 6-19-51 25B. REGISTRAR'S SIGNATURE Doree Kavelle 26. FUNERAL DIRECTOR'S SIGNATURE Jose Jose Wacker ADDRESS Globe Ariz 27. EMBALMER'S SIGNATURE Frank C. Gray CERT. NO. 248-A.