

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3486

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO. 07-04 PLACE OF DEATH AND 19 USUAL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tempe		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 13mths 75yrs		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 114 West 8th st.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 351 North Hill St.		
DECEASED PERSONAL DATA 182 7 551	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mrs. Amelia Eldridge Kerby B. (MIDDLE) C. (LAST)			4. SEX Female	5. COLOR OR RACE white
	6. MARRIED - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH May DAY 4 YEAR 1869		8. AGE YEARS 82 MONTHS 0 DAYS 18
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife		9B. 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. none		14A. FATHER'S NAME Ross Rogers		14B. BIRTHPLACE (STATE OR COUNTRY) (unknown)
15A. MOTHER'S MAIDEN NAME Cynthia Eldridge		15B. BIRTHPLACE (STATE OR COUNTRY) (unknown)		16. INFORMANT'S SIGNATURE <i>Daughter</i> Mrs. Beale K. Cline ADDRESS Globe, Ariz.	
CAUSE OF DEATH (ITEM 18) 4500 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (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) Memoria. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arteriosclerosis, Cholesterol DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
OPERATIONS, AUTOPSY 2	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)		
DEATH DUE TO EXTERNAL VIOLENCE X -	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		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 Jan. 5th 1951 TO May 27th 1951 THAT I LAST SAW THE DECEASED ALIVE ON May 27th 1951 AND THAT DEATH OCCURRED AT 11:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
MEDICAL CORONER'S CERTIFICATION 1	23A. SIGNATURE B. J. Axel (DEGREE OR TITLE) M.D.		23B. ADDRESS Tempe, Ariz		
	23C. DATE SIGNED 6-5-51		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.		
FUNERAL DIRECTOR AND REGISTRAR 36 2	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL		24B. DATE May 23, 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. 5-24-51		25B. REGISTRAR'S SIGNATURE Archie Hammer		26. FUNERAL DIRECTOR'S SIGNATURE Jose James Wackerl ADDRESS Globe, Ariz	
27. EMPALMER'S SIGNATURE Jose James Wackerl		28. CERT. NO. # 323			