

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3583

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

2721 029 87 E OF DEATH AND RESIDENCE 834815 5	1. PLACE OF DEATH A. COUNTY <i>maricopa</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>maricopa</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <i>Wickenburg</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Wickenburg</i>		
CEDENT PERSONAL DATA 162 4 651	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Community Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Coburns ave.</i>		
	3. NAME OF DECEASED A. (FIRST) <i>Albert</i> B. (MIDDLE) <i>Galitau</i> C. (LAST) <i>Walber</i>		4. SEX <i>male</i> 5. COLOR OR RACE <i>white</i>		
CAUSE OF DEATH (EM 18) 0	6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>July</i> DAY <i>10</i> YEAR <i>1888</i>		
	8. AGE YEARS <i>62</i> MONTHS <i>10</i> DAYS <i>23</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Retired Heavy Patrol Supt.</i>		
331X	9B. KIND OF BUSINESS OR INDUSTRY <i>Heavy Patrol</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Texas</i>		
	11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		
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.	13. SOCIAL SECURITY NO. <i>none</i>		14. FATHER'S NAME <i>Thomas R. Walber</i>		
	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Tenn.</i>		15A. MOTHER'S MAIDEN NAME <i>Cassandra Farmer</i>		
MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Results of Cerebral aneurysm</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <i>Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Stroke</i>	16. INFORMANT'S SIGNATURE <i>Mrs. A. H. Walber</i> ADDRESS <i>Box 294 Wickenburg Arizona</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Texas</i>		
	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>6-3-51</i>		19A. DATE OF OPERATION		
OPERATIONS AUTOPSY 2	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.)		
DEATH TIME TO PERMANENT INCLENCE -	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		
	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
MEDICAL PRONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>10-30-50</i> TO <i>6-3-51</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>6-3-51</i> 19 AND THAT DEATH OCCURRED <i>1153P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE (DEGREE OR TITLE) <i>Alfred B. Rollins M.D.</i>		23B. ADDRESS <i>Wickenburg, Arizona</i>		
GENERAL DIRECTOR AND REGISTRAR 37 2	23C. DATE SIGNED <i>6-4-51</i>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		
	24B. DATE <i>6-6-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Glendale Arizona</i>		
25A. DATE REC'D BY LOCAL REG. <i>6-5-51</i>		25B. REGISTRAR'S SIGNATURE <i>Ganni Copping</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Copping</i> ADDRESS <i>Wickenburg Arizona</i>	
27. EMBALMER'S SIGNATURE <i>H. L. Copping</i>		CERT. NO. <i>198-A</i>		773 926	