

Dr. Burgess

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3877
54

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

PLACE OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe Rural</i>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>24 yr. 24 yr.</i>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Globe Rural</i>	
CEDENT PERSONAL DATA 3 172 7 751	3. NAME OF DECEASED A. (FIRST) <i>Bertha</i> B. (MIDDLE) <i>Ada</i> C. (LAST) <i>Meador</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Central Heights</i>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Dec.</i> DAY <i>22</i> YEAR <i>1878</i>	8. AGE YEARS <i>78</i> MONTHS <i>6</i> DAYS <i>25</i>
PERSONAL DATA 172 7 751	9B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Spain</i>	11. CITIZEN OF WHAT COUNTRY? <i>U. S.</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>John Johnson</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Anderson</i>	15A. MOTHER'S MAIDEN NAME <i>Emily De Arny</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Idaho</i>
16. INFORMANT'S SIGNATURE <i>Mrs. Eunice Lewis</i>		17. DATE OF DEATH (MONTH) <i>July</i> (DAY) <i>17</i> (YEAR) <i>1957</i>		

CAUSE OF DEATH EM 18)	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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Senility</i>		

OPERATIONS, AUTOPSY 2	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)
DEATH DUE TO FATAL 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?

MEDICAL ATTENDING PHYSICIAN'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>July 1st, 1957</i> TO <i>July 12, 1957</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>July 17, 1957</i> . AND THAT DEATH OCCURRED AT <i>M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>W. E. Burgess M.D.</i>	23B. ADDRESS <i>Miami Ariz.</i>	23C. DATE SIGNED <i>7-18-1957</i>

FUNERAL DIRECTOR AND REGISTRAR 17 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>July 23, 1957</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Osinal Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
	25A. DATE REC'D BY LOCAL REG. <i>7-21-57</i>	25B. REGISTRAR'S SIGNATURE <i>Irene Hauke</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Rita G. Miles, Miami Ariz.</i>	27. EMBALMER'S SIGNATURE <i>W. H. Mc Lellan 200</i>