

CERTIFICATE OF DEATH

04 04 E OF DEATH 2ND 19 RESIDENCE 6	BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE		REGISTRAR'S NO. 32		
	A. COUNTY Gila		B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA life life		A. STATE Arizona		
D. FULL NAME OF HOSPITAL OR INSTITUTION Highway 60-70 12miles West Miami		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Globe		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 542 Willow Street		B. COUNTY Gila			
CEDENT PERSONAL DATA 135	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE				
	A. (FIRST) Neal			B. (MIDDLE) -----	male	white		C. (LAST) Rabogliatti	
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH		8. AGE		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.)			
July 26 1915		35 YEARS 11 MONTHS 11 DAYS		teaching- high school					
9B. KIND OF BUSINESS OR INDUSTRY teacher		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Globe, Arizona		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) yes World War I		13. SOCIAL SECURITY NO. 526-20-3524	
14A. FATHER'S NAME Domenick Rabogliatti		14B. BIRTHPLACE (STATE OR COUNTRY) Italy		15A. MOTHER'S MAIDEN NAME Isabella Perino		15B. BIRTHPLACE (STATE OR COUNTRY) Italy			
16. INFORMANT'S SIGNATURE 751 [Signature]		ADDRESS Brother Globe, Arizona		17. DATE OF DEATH July 7, 1951 at 9:40 a.m.					
CAUSE OF DEATH 8194 OF DEATH TEM 18) 0	18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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) Auto accident ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Broken neck DUE TO (c)						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway		21C. (CITY OR TOWN) (COUNTY) (STATE) Miami Gila Gila		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY July 7-51 9:40 M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____ THAT I LAST SAW THE DECEASED _____, 19____ AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE John Carpenter - Coroner		23B. ADDRESS Miami		23C. DATE SIGNED 7-8-51			
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE July 9, 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. July 9 1951		25B. REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27. ADDRESS Globe, Arizona		27. CERT. NO. 248-A	