

CERTIFICATE OF DEATH

REGISTRAR'S NO. **79.**

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BIRTH NO. _____

1. PLACE OF DEATH
A. COUNTY **Gila**

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN **rural**)

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **0** **30yrs**

D. FULL NAME OF HOSPITAL OR INSTITUTION **18 miles East Globe, Highway 60**

2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE **Arizona** B. COUNTY **Gila**

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN **Globe**

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **365 South 6th st.**

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) **Rufus** B. (MIDDLE) **B.** C. (LAST) **Abbott**

4. SEX **male**

5. COLOR OR RACE **white**

6. MARRIED NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH
MONTH **Jan** DAY **26** YEAR **1888**

8. AGE YEARS **63** MONTHS **9** DAYS **5**

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **mill operator-copper mining**

9B. KIND OF BUSINESS OR INDUSTRY **copper industry**

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Georgia**

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. **526-09-4263**

14A. FATHER'S NAME **John Abbott**

14B. BIRTHPLACE (STATE OR COUNTRY) **N. Carolina**

15A. MOTHER'S MAIDEN NAME **Mary G. Burch**

15B. BIRTHPLACE (STATE OR COUNTRY) **Georgia**

16. INFORMANT'S SIGNATURE *Mrs Nettie B Abbott* ADDRESS *Globe, Arizona*

17. DATE OF DEATH (MONTH) (DAY) (YEAR) **November 1, 1951 approx 8 a.m.**

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.

19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) *Coronary Arteriosclerosis*
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) *Arteriosclerosis +*
DUE TO (c) *Arteriosclerosis Heart Disease*
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

20. AUTOPSY? YES NO

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

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) OF INJURY _____

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR? _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Nov 11/51** TO **Nov 15th 1951**, THAT I LAST SAW THE DECEASED **11/3** **1951** AND THAT DEATH OCCURRED AT **8 a.m. 11/15/51** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) *Dr. James E. Jones MD*

23B. ADDRESS *Box 837, Maricopa*

23C. DATE SIGNED **11/2/51**

24A. BURIAL CREMATION REMOVAL

24B. DATE **Nov. 5, 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. **11-3-51**

25B. REGISTRAR'S SIGNATURE *Irma Wampler*

26. FUNERAL DIRECTOR'S SIGNATURE *Irma Wampler* ADDRESS **Globe Arizona**

27. EMBALMER'S SIGNATURE *John James Walker* CERT. NO. **#323**