

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6876

CERTIFICATE OF DEATH

REGISTRAR'S NO.

103

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY **Gila**
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) **Globe**
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) **0** **life**
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **Pinal Creek**

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE **Arizona** B. COUNTY **Gila**
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Globe**
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **55 1/2 Pioneer Road**

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST) **Vicki** B. (MIDDLE) ----- C. (LAST) **Machula**

4. SEX

fe

5. COLOR OR RACE

white

6. MARRIED - - - - -
NEVER MARRIED
WIDOWED DIVORCED

7. DATE OF BIRTH
MONTH **Oct** DAY **22** YEAR **1948**

B. AGE YEARS **3** MONTHS **2** DAYS **9**

IF UNDER 24 HOURS HOURS ** MIN. **

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
infant

9B. KIND OF BUSINESS OR INDUSTRY
infant

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)
no *****

13. SOCIAL SECURITY NO.
none

14A. FATHER'S NAME
Herman A. Machula

14B. BIRTHPLACE (STATE OR COUNTRY)
Minnesota

15A. MOTHER'S MAIDEN NAME
Gwen Bates

15B. BIRTHPLACE (STATE OR COUNTRY)
Arizona

16. INFORMANT'S SIGNATURE
Herman A. Machula

ADDRESS
Globe

17. DATE OF DEATH (MONTH) (DAY) (YEAR)
December 31 1951

18. CAUSE OF DEATH ENTER ONE OR MORE 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 CONTACTED.

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

INTERVAL BETWEEN ONSET AND DEATH
unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT (SPECIFY)
Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
Pinal Creek

21C. (CITY OR TOWN) (COUNTY) (STATE)
Globe Gila Arizona

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY
Dec 31 1951 9:00 AM

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK

21F. HOW DID INJURY OCCUR?
Fell in Creek

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED
examined the body December 31 1951 approx 9:15 AM

23A. SIGNATURE
William E Bishop

(DEGREE OR TITLE)
MD

23B. ADDRESS
Box 10 Globe Arizona

23C. DATE SIGNED
12/31/51

24A. BURIAL CREMATION REMOVAL

24B. DATE
January 3, 1952

24C. NAME OF CEMETERY OR CREMATORY
Taylor Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Taylor, Arizona

25A. DATE REC'D BY LOCAL REG.
Dec 31-51

25B. REGISTRAR'S SIGNATURE
Gene Wauson

26. FUNERAL DIRECTOR'S SIGNATURE
Gene James Wachep
27. EMBALMER'S SIGNATURE
Gene James Wachep #323
ADDRESS
Globe, Arizona
CERT. NO.