

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

852

CERTIFICATE OF DEATH

REGISTRAR'S NO.

46, V

1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Globe	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 2 1/2 yrs 40 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona C. CITY OR TOWN Safford	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 661 South Broad st.		D. STREET ADDRESS 1023 Avenue	
3. NAME OF DECEASED A. (FIRST) Mrs. Delia B. (MIDDLE) Ross C. (LAST)		4. SEX female		5. COLOR OR RACE white
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		7. DATE OF BIRTH MONTH April DAY 4 YEAR 1878		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife
9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. CITIZEN OF WHAT COUNTRY? U.S.A.
14A. FATHER'S NAME George Hunt		14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME (unknown)
16. INFORMANT'S SIGNATURE <i>Earl Ross</i>		17. DATE OF DEATH Feb 23, 1953 at 6:38 a.m.		17. DATE OF DEATH (DAY) (MONTH) (YEAR)
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Arterio-sclerosis with Hypertension		19. MEDICAL CERTIFICATION Arterio-sclerosis with Hypertension		INTERVAL BETWEEN ONSET AND DEATH About 10 yrs.
20. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION Diabetes Mellitus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE		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) (MINUTE) Feb 26 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1952 TO Feb. 27 1952 . THAT I LAST SAW THE DECEASED ALIVE ON Feb. 26 1952 AND THAT DEATH OCCURRED AT 6:37 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23B. ADDRESS Globe, Arizona		23C. DATE SIGNED 2-27-53
23A. SIGNATURE T.C. Harper, M.D.		24B. DATE Feb 28, 1953		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona.
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24E. NAME OF CEMETERY OR CREMATORY Union Cemetery		26. FUNERAL DIRECTOR'S SIGNATURE Glenn Lane Walker
25A. DATE REC'D BY LOCAL REG. 2-28-53		25B. REGISTRAR'S SIGNATURE Delia Ross		27. EMBALMER'S SIGNATURE Glenn Lane Walker
25C. DATE SIGNED 2-28-53		25D. REGISTRAR'S SIGNATURE Delia Ross		27. EMBALMER'S SIGNATURE Glenn Lane Walker