

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1607
53

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

14 04 AGE OF DEATH 19 AND 65 UAL RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 36 yrs		2. USUAL RESIDENCE A. STATE Arizona		C. CITY Globe		D. STREET ADDRESS Route 1 Box 11 Ice House Canyon		5. COLOR OR RACE white		
	C. CITY Globe		IN CITY LIMITS <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona		C. CITY Globe		(IF RURAL, GIVE LOCATION)		5. COLOR OR RACE white		
3. NAME OF DECEASED (TYPE OR PRINT) Mrs. Lula Martha Parker		B. (MIDDLE)		C. (LAST)		4. SEX female		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife		13. SOCIAL SECURITY NO. unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed		7. DATE OF BIRTH MONTH DAY YEAR Aug 28 1876		8. AGE (IN YEARS) LAST BIRTHDAY MONTHS DAYS **		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife		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. unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		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 ****		15A. MOTHER'S MAIDEN NAME Pamela (underline) Pitts		17. DATE OF DEATH (DAY) (MONTH) (YEAR) March 23, 1953 at 3:10 p.m.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (3-1) X * THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	
14A. FATHER'S NAME Carmelino R. Jackson		14B. BIRTHPLACE (STATE OR COUNTRY) Tennessee		15A. MOTHER'S MAIDEN NAME Pamela (underline) Pitts		17. DATE OF DEATH (DAY) (MONTH) (YEAR) March 23, 1953 at 3:10 p.m.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (3-1) X * THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
16. INFORMANT'S SIGNATURE Mrs. Madeline Shelton		17. DATE OF DEATH (DAY) (MONTH) (YEAR) March 23, 1953 at 3:10 p.m.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (3-1) X * THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) (MIN) (SEC) March 23, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		21G. (CITY OR TOWN) (COUNTY) (STATE)	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM MARCH 13, 1953, TO MARCH 23, 1953, AND THAT DEATH OCCURRED AT 3:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. SIGNATURE William E. Crosby		23B. ADDRESS P.O. Box 150 Lakeview		23C. DATE SIGNED 3/24/53		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		23E. HOW DID INJURY OCCUR?		23F. (CITY OR TOWN) (COUNTY) (STATE)	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE March 26, 1953		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		24E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24F. HOW DID INJURY OCCUR?		24G. (CITY OR TOWN) (COUNTY) (STATE)	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE Doree Havelle		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		25E. HOW DID INJURY OCCUR?		25F. (CITY OR TOWN) (COUNTY) (STATE)		25G. (CITY OR TOWN) (COUNTY) (STATE)	
26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Globe, Arizona	
27. EMPLOYER'S SIGNATURE Globe, Arizona		27. EMPLOYER'S SIGNATURE Globe, Arizona		27. EMPLOYER'S SIGNATURE Globe, Arizona		27. EMPLOYER'S SIGNATURE Globe, Arizona		27. EMPLOYER'S SIGNATURE Globe, Arizona		27. EMPLOYER'S SIGNATURE Globe, Arizona		27. EMPLOYER'S SIGNATURE Globe, Arizona	
28. REGISTRAR'S SIGNATURE Doree Havelle		28. REGISTRAR'S SIGNATURE Doree Havelle		28. REGISTRAR'S SIGNATURE Doree Havelle		28. REGISTRAR'S SIGNATURE Doree Havelle		28. REGISTRAR'S SIGNATURE Doree Havelle		28. REGISTRAR'S SIGNATURE Doree Havelle		28. REGISTRAR'S SIGNATURE Doree Havelle	
29. REGISTRAR'S SIGNATURE Doree Havelle		29. REGISTRAR'S SIGNATURE Doree Havelle		29. REGISTRAR'S SIGNATURE Doree Havelle		29. REGISTRAR'S SIGNATURE Doree Havelle		29. REGISTRAR'S SIGNATURE Doree Havelle		29. REGISTRAR'S SIGNATURE Doree Havelle		29. REGISTRAR'S SIGNATURE Doree Havelle	