

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1616

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <i>Gila</i>	B. LENGTH OF STAY IN THIS TOWN <i>41 yrs</i> IN ARIZONA <i>43 yrs</i>	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i>		REGISTRAR'S NO. <i>49</i>	
		C. CITY OR TOWN <i>Globe</i>	C. CITY OR TOWN <i>Globe</i>		IN CITY LIMITS <input type="checkbox"/> IN OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>
D. FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION <i>residence on Globe Miami Highway-Maurel Hill</i>		D. STREET ADDRESS <i>Route 1 Globe Miami Highway- West Globe</i>			
3. NAME OF DECEASED A. (FIRST) <i>Mrs. Nancy Charlotte Maurel</i>		B. (MIDDLE)		C. (LAST)	
6. HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY) <i>married</i>		7. DATE OF BIRTH MONTH DAY YEAR <i>Aug 25 1875</i>		8. AGE (IN YEARS) IF UNDER 1 YEAR DAYS MONTHS <i>14 ** **</i>	
9B. KIND OF BUSI- NESS OR INDUSTRY <i>housewife</i>		10. BIRTHPLACE (STATE) OR FOREIGN COUNTRY? <i>Cass County, Texas U.S. A.</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>housewife</i>	
14A. FATHER'S NAME <i>John Phillip Cook</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Georgia</i>		15A. MOTHER'S MAIDEN NAME <i>Grace Reid</i>	
16. INFORMANT'S SIGNATURE <i>Anthony Maurel Globe Ariz</i>		17. DATE OF DEATH <i>March 9, 1953 at 10:10 P.M.</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Alabama</i>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) <i>Myocarditis, chronic</i> <i>Senility</i>		19. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION			
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Myocarditis, chronic</i>		2. DUE TO (B) <i>Senility</i>			
3. DUE TO (C)		11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		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 LIVE ON <i>3-9-53</i> AND THAT DEATH OCCURRED AT <i>10:10 P.M.</i> 19 <i>53</i> . THAT I LAST SAW THE DECEASED		23. SIGNATURE (DEGREE TITLE) <i>Walter M. O'Brien M.D.</i>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>March 13, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE <i>James Maurel</i>		25C. DATE SIGNED <i>3-10-53</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>James Maurel</i>		27. EMBALMER'S SIGNATURE <i>James Maurel</i>		28. ADDRESS <i>Globe, Arizona</i>	
29. FUNERAL DIRECTOR'S SIGNATURE <i>James Maurel</i>		29. ADDRESS <i>Globe, Arizona</i>		30. CERT. NO. <i>#323</i>	

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DECEDENT  
PERSONAL  
DATA 177  
333

CAUSE  
OF  
DEATH  
(ITEM 18)

PERATIONS  
AUTOPSY

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

MEDICAL  
OR CORONER'S  
ARTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR