

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4163

CERTIFICATE OF DEATH

BIRTH NO. 1467

1. PLACE OF DEATH
A. COUNTY Gila

C. CITY OR TOWN Globe

D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Oklahoma

C. CITY OR TOWN Vinita

D. STREET ADDRESS Eastern State Hospital

3. NAME OF DECEASED
A. (FIRST) Mrs. Kara B. (MIDDLE) Euphemia C. (LAST) Mallicoat

4. SEX female

5. COLOR OR RACE white

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed

7. DATE OF BIRTH
MONTH Dec DAY 13 YEAR 1896

8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed

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.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN (IF ** WAR OR DATES OF SERVICE))
no

13. SOCIAL SECURITY NUMBER unknown

14A. FATHER'S NAME John Lafferty

14B. BIRTHPLACE (STATE OR COUNTRY) unknown

15A. MOTHER'S MAIDEN NAME Julia Ann Thomas

15B. BIRTHPLACE (STATE OR COUNTRY) unknown

17. DATE OF DEATH
MONTH July DAY 17 YEAR 1953 AT 8:45 a.m.

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
(A) Coronary Occlusion
(B) DUE TO (B)
(C) DUE TO (C)

19. DATE OF OPERATION July 17 1953

20. AUTOPSY? YES NO

21. ACCIDENT SUICIDE HOMICIDE

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

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)

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 July 4 1953 TO July 17 1953. THAT I LAST SAW THE DECEASED ALIVE July 17 1953 AND THAT DEATH OCCURRED AT 8:45 am FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23. SIGNATURE, DEGREE OR TITLE
William E. Bishop M.D.

23A. ADDRESS Box 150 Globe, Ariz.

23B. ADDRESS (CITY OR TOWN) (COUNTY) (STATE)

23C. DATE SIGNED 7/18/53

24A. BURIAL CREMATION REMOVAL

24B. DATE July 19, 1953

24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery

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

25A. DATE REC'D BY LOCAL REG. 7-18-53

25B. REGISTRAR'S SIGNATURE Dwaine Havelle

25C. REGISTRAR'S SIGNATURE Paul James Walker

25D. REGISTRAR'S SIGNATURE Paul James Walker

25E. ADDRESS Globe, Arizona

25F. CERT. NO. #321

26. FUNERAL DIRECTOR'S SIGNATURE Paul James Walker

26A. ADDRESS Globe, Arizona

26B. CERT. NO. #321

26C. REGISTRAR'S SIGNATURE Paul James Walker

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