

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4164

CERTIFICATE OF DEATH

REGISTRAR'S NO. 89.

4 PLACE OF DEATH AND RESIDENCE 0701	1. PLACE OF DEATH A. COUNTY <u>Gila County Hosp.</u> C. CITY OR TOWN <u>Globe</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>1919</u> IN CITY LIMITS <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE A. STATE <u>ARIZONA</u> C. CITY OR TOWN <u>MIAMI</u>		(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). B. COUNTY <u>GILA</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS) <u>Gila General Hospital</u>				D. STREET ADDRESS <u>1123 Alderman</u>			
3 DECEDENT PERSONAL DATA 173	3. NAME OF DECEASED (TYPE OR PRINT) <u>LAURA AMELIA</u>		C. (MIDDLE) <u>AMELIA</u>		4. SEX <u>FEM.</u>		5. COLOR OR RACE <u>White</u>	
	6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>		7. DATE OF BIRTH MONTH, DAY, YEAR <u>APRIL 25 1890</u>		8. AGE (IN YEARS) LAST BIRTHDAY) <u>73</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>House wife</u>	
753	9B. KIND OF BUSINESS OR INDUSTRY <u>Brigham City, Ariz</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>USA</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>	
	14A. FATHER'S NAME <u>MORRIS M. CURTIS</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>HAWCOCK COUNTY</u>		15A. MOTHER'S MAIDEN NAME <u>MARIAM MILLINA RUDD</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>IOWA</u>	
CAUSE OF DEATH ITEM 18)	16. INFORMANT'S SIGNATURE <u>Wm. MacLellan</u>		ADDRESS <u>1211 Bud St.</u>		17. DATE OF DEATH <u>July 25 1953</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A) (B), (C). <u>ATHEROSCLEROSIS</u> DUE TO (A) <u>Coronary thrombosis</u> DUE TO (B) <u>Atherosclerosis</u> DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
	21A. ACCIDENT (SPECIFY) <u>SUICIDE</u>				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			
MEDICAL CORONER'S CERTIFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) <u>July 19 1953</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>July 16 1953 TO July 25 1953</u>		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <u>July 15 1953</u> , AND THAT DEATH OCCURRED AT <u>7:15 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
	23A. SIGNATURE <u>William E. Broshap MD</u>		23B. ADDRESS (DEGREE OR TITLE) <u>Box 150 Globe Ariz</u>		23C. DATE SIGNED <u>7-27-53</u>		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights</u>	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> LOCAL REG.		24B. DATE <u>July 29, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Perial Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights</u>	
	25A. DATE REC'D BY LOCAL REG. <u>7-27-53</u>				25B. REGISTRAR'S SIGNATURE <u>Wm MacLellan</u>		25C. ADDRESS <u>Guam</u>	
26. GENERAL DIRECTOR'S SIGNATURE <u>Wm MacLellan</u>				27. EMBALMER'S SIGNATURE <u>Wm MacLellan</u>		CERT. NO. <u>208A</u>		