

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

17389

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 36 yrs 36 vis		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 122	
CE OF DEATH AND AL RESIDENCE		C. CITY OR TOWN Globe		IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION 627 East Ash st.		D. STREET ADDRESS 627 East Ash street		(IF RURAL, GIVE LOCATION)		4. SEX female	
PERSONAL DATA		3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Tommie B. (MIDDLE) T. C. (LAST) Preston		8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS.) LAST BIRTHDAY) 44 8 13		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife		5. COLOR OR RACE white	
CAUSE OF DEATH		7. DATE OF BIRTH MONTH DAY YEAR April 6 1909		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wingate, 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	
RATIONS, UTOPSY		14A. FATHER'S NAME Bart Berry Bishop		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Maud Lee Terry		13. SOCIAL SECURITY NO. unknown	
DEATH DUE TO INTERNAL SILENCE		16. INFORMANT'S SIGNATURE <i>James Preston Globe Ariz.</i>		ADDRESS		17. DATE OF DEATH Dec 19, 1953 at 7:05 a.m.		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
MEDICAL CORONER'S CERTIFICATION		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>125x</i> *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 May 1950		19B. MAJOR FINDINGS OF OPERATION <i>Cancer's origin in ovary; colon invaded & ulcerated</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
GENERAL AND HISTORICAL		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)		INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years	
MEDICAL CORONER'S CERTIFICATION		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		23A. SIGNATURE <i>Wallace M. O'Brien MD</i>	
MEDICAL CORONER'S CERTIFICATION		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-19-53 AND THAT DEATH OCCURRED AT 7:05 AM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23B. ADDRESS Globe Ariz		23C. DATE SIGNED 12-20-53		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
MEDICAL CORONER'S CERTIFICATION		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Dec 22, 1953		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		26. FUNERAL DIRECTOR'S SIGNATURE <i>James James Stacker</i>	
MEDICAL CORONER'S CERTIFICATION		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE <i>James James Stacker</i>		27. EMBALMER'S SIGNATURE <i>James James Stacker</i>		ADDRESS CERT. NO. #523	