

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 138757

04 04 PLACE OF DEATH 19 AND 19 LEGAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 42 Yrs Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona. B. COUNTY Gila	
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe <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 OR LOCATION) No # End of Josephine St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) No # End of Josephine St.			
DECEDENT PERSONAL DATA 151	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Lula B. (MIDDLE) Pearl C. (LAST) Rosser			4. SEX Fem.	5. COLOR OR RACE White	
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH Nov. DAY 25 YEAR 1902	8. AGE (IN YEARS LAST BIRTHDAY) 51 Yrs	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona
	9B. KIND OF BUSINESS OR INDUSTRY Own Home		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	13. SOCIAL SECURITY NO. 526-20-9113	
	14A. FATHER'S NAME Benjamin F. Grey		14B. BIRTHPLACE (STATE OR COUNTRY) Indiana	15A. MOTHER'S MAIDEN NAME Eva M. Lewis		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona.
	16. INFORMANT'S SIGNATURE <i>Robert F. Rosser</i>		ADDRESS Miami, Ariz.		17. DATE OF DEATH (MONTH) Feb. (DAY) 8, (YEAR) 1954	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 154X *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Adenocarcinoma of Rectum</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Polyps of Colon</i> DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		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) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
DEATH DUE TO EXTERNAL VIOLENCE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM MAY , 19 52 , TO 8 Feb , 19 54 . THAT I LAST SAW THE DECEASED ALIVE ON 8 Feb , 19 54 . AND THAT DEATH OCCURRED AT 12:45 AM , M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <i>H. G. Gerlich</i>		23B. ADDRESS Miami, Arizona.		23C. DATE SIGNED 2/9/54	
MEDICAL OR CORONER'S CERTIFICATION	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Feb. 10, 1954	24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		25A. DATE REC'D BY LOCAL REG. Feb 11 1954		25B. REGISTRAR'S SIGNATURE <i>Leon R. ...</i>	
FUNERAL DIRECTOR AND REGISTRAR	26. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		27. ADDRESS ...	
	27. EMBALMER'S SIGNATURE <i>...</i>		27. EMBALMER'S SIGNATURE <i>...</i>		CERT. NO. 294A	