

CERTIFICATE OF DEATH

REGISTRAR'S NO.

198

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE 0201	1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
	A. COUNTY Gila		IN THIS TOWN IN ARIZONA		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) Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 380 South Hill st.	

DECEDENT PERSONAL DATA 186 9 954	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX		5. COLOR OR RACE		
	A. (FIRST) Paul B. (MIDDLE) Michaelson C. (LAST)			male		white		
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed		7. DATE OF BIRTH MONTH DAY YEAR Oct 31 1867		8. AGE (IN YEARS LAST BIRTHDAY) 10		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). retired-building contractor	
	9B. KIND OF BUSINESS OR INDUSTRY contractor		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Finland		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	
14A. FATHER'S NAME Mikko Kaikkonen			14B. BIRTHPLACE (STATE OR COUNTRY) Finland		15A. MOTHER'S MAIDEN NAME Reetritikka Kauppinen		15B. BIRTHPLACE (STATE OR COUNTRY) Finland	
16. INFORMANT'S SIGNATURE Linda Moore				17. DATE OF DEATH September 23, 1954 at 11:55a.m.				

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 177X *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				INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Carcinoma of prostate gland		DUE TO (B) Generalized arterio-sclerosis				about 1 1/2 yrs.	
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						about 10 yrs.	

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------	------------------------	----------------------------------	---

DEATH DUE TO EXTERNAL VIOLENCE	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	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1945, TO Sept. 23, 1954. THAT I LAST SAW THE DECEASED ALIVE ON Sept. 23, 1954. AND THAT DEATH OCCURRED AT 11:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE T.C. Harper, M.D.	23B. ADDRESS Globe, Arizona	23C. DATE SIGNED 9-23-54

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Sept 25, 1954	24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery F.M. Sect.	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.
	25A. DATE REC'D BY LOCAL REG. 9-25-54	25B. REGISTRAR'S SIGNATURE Gene Wanslee	26. FUNERAL DIRECTOR'S SIGNATURE Gene James Walker	27. EMBALMER'S SIGNATURE Gene James Walker
				ADDRESS Globe, Arizona CERT. NO. #323