

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5560

CERTIFICATE OF DEATH

REGISTRAR'S NO.

205

4 04 CE OF DEATH 9 AND 19 AL RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 43yrs IN ARIZONA 43yrs		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. STREET ADDRESS (IF RURAL, GIVE LOCATION) 491 Euclid Ave.		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital										
DECEDENT PERSONAL DATA 176 4 054	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Arthur B. (MIDDLE) L. C. (LAST) Morgan			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed					
	6B. NAME OF SPOUSE Irene Freeborn (deceased)		7. DATE OF BIRTH MONTH DAY YEAR Mar 18 1878	8. AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR MONTHS DAYS 6 25	IF UNDER 24 HRS. HOURS MIN. ** **	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) engineer - mining				
	9B. KIND OF BUSINESS OR INDUSTRY copper mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Navarre, Ohio	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. 516-07-1029A			15B. BIRTHPLACE (STATE OR COUNTRY) Ohio		
	14A. FATHER'S NAME William Morgan		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Sarah Belle Flarety						
16. INFORMANT'S SIGNATURE J. E. Anderson administrator				ADDRESS Raymond, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 13, 1954 at 6:35 a.m.					
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 177X		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. MEDICAL CERTIFICATION (A) Cancer prostate DUE TO (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 1 year				
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.								
OPERATIONS AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION								
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 1, 1954, to Oct 13, 1954, THAT I LAST SAW THE DECEASED ALIVE ON Oct 12, 1954, AND THAT DEATH OCCURRED AT 22A. SIGNATURE Walker M. Osburn MD. DEGREE OR TITLE 22B. ADDRESS Globe, Arizona 22C. DATE SIGNED 10-13-54										
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)						
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?						
	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED		
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Oct 15 - 1954		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona				
	26A. DATE REC. BY LOCAL REG. 10-14-54		26B. REGISTRAR'S SIGNATURE Gene W. Havelle		27A. FUNERAL DIRECTOR'S SIGNATURE Gene W. Havelle		27B. ADDRESS Globe, Arizona				