

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2181

4 09
PLACE OF DEATH
9 AND 98
USUAL RESIDENCE
X-

DECEDENT 1
PERSONAL DATA 173
2
X54

CAUSE OF DEATH
(ITEM 18)
0
0

OPERATIONS, AUTOPSY 6

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR 17
2

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------------------------|--|--|--|--|--|--|--|--|--------|--|------------------|--|---|--|--|--|--|
| BIRTH NO. | | 1. PLACE OF DEATH | | B. LENGTH OF STAY | | 2. USUAL RESIDENCE | | REGISTRAR'S NO. | | | | | | | | | | | | |
| | | A. COUNTY Gila | | IN THIS TOWN ORTHS | | A. STATE Arizona | | 2181 | | | | | | | | | | | | |
| | | C. CITY OR TOWN Globe | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Lakeside | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | | | | | | | | | | | |
| | | D. FULL NAME OF HOSPITAL OR INSTITUTION 751 N. 5th st. | | (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | | D. STREET ADDRESS P.O. Box 305 | | (IF RURAL, GIVE LOCATION) | | | | | | | | | | | | |
| 3. NAME OF DECEASED (TYPE OR PRINT) | | | A. (FIRST) | | | B. (MIDDLE) | | | C. (LAST) | | | 4. SEX | | 5. COLOR OR RACE | | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | | | |
| Joseph Arther Holladay, Sr. | | | | | | | | | | | | male | | white | | married | | | | |
| 6B. NAME OF SPOUSE | | | 7. DATE OF BIRTH | | | 8. AGE (IN YEARS LAST BIRTHDAY) | | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) | | | | | | | | | | | |
| Mary Louise Holladay | | | July 9, 1881 | | | 73 | | | retired cattleman | | | | | | | | | | | |
| 9B. KIND OF BUSINESS OR INDUSTRY | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | 11. CITIZEN OF WHAT COUNTRY? | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) | | 13. SOCIAL SECURITY NO. | | | | | | | | | | | | |
| cattle ranch | | Eden, Arizona | | U.S.A. | | no ***** | | 627-14-6126 | | | | | | | | | | | | |
| 14A. FATHER'S NAME | | | 14B. BIRTHPLACE (STATE OR COUNTRY) | | | 15A. MOTHER'S MAIDEN NAME | | | 15B. BIRTHPLACE (STATE OR COUNTRY) | | | | | | | | | | | |
| John D. Holladay | | | Pasadena, Calif. | | | Rebecca Dell | | | England | | | | | | | | | | | |
| 16. INFORMANT'S SIGNATURE | | | ADDRESS | | | 17. DATE OF DEATH | | | | | | | | | | | | | | |
| Fairise Holladay | | | Globe, Ariz. | | | November 18, 1954 at 3:10 p.m. | | | | | | | | | | | | | | |
| 18. CAUSE OF DEATH | | ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | | | | | | | |
| 1. 22X | | | | (A) Carcinoma of prostate gland | | | | 6 years. | | | | | | | | | | | | |
| | | | | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. | | DUE TO (B) - | | | | | | | | | | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS | | DUE TO (C) - | | | | | | | | | | | | | | |
| | | | | CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | | | | | | | | | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | | | | | | | | | | | | | | | | | |
| 1949 | | Prostatectomy - Carcinoma. | | | | | | | | | | | | | | | | | | |
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM | | MARCH 15, 1954, TO | | NOV. 18, 1954, THAT I LAST SAW THE DECEASED | | | | | | | | | | | | | | | | |
| ALIVE ON | | MAY 18, 1954, AND THAT DEATH OCCURRED AT | | 3:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | | | | | | | | | | |
| 22A. SIGNATURE | | | (DEGREE OR TITLE) | | | 22B. ADDRESS | | | 22C. DATE SIGNED | | | | | | | | | | | |
| T.C. Harper, M.D. | | | | | | Globe, Arizona | | | 11-19-54 | | | | | | | | | | | |
| 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE | | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 23C. (CITY OR TOWN) (COUNTY) (STATE) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 23E. INJURY OCCURRED | | 23F. HOW DID INJURY OCCUR? | | | | | | | | | | | | | | | | |
| | | WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 24A. CORONER'S SIGNATURE | | | 24B. ADDRESS | | | 24C. DATE SIGNED | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | | 25B. DATE | | 25C. NAME OF CEMETERY OR CREMATORY | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) | | | | | | | | | | | | | | |
| | | Nov 22, 1954 | | Lakeside Cemetery | | Lakeside, Arizona. | | | | | | | | | | | | | | |
| 26A. DATE REC. BY LOCAL REG. | | 26B. REGISTRAR'S SIGNATURE | | 27A. FUNERAL DIRECTOR'S SIGNATURE | | 27B. ADDRESS | | | | | | | | | | | | | | |
| 11-19-54 | | J. J. ... | | J. J. ... | | Globe, Arizona | | | | | | | | | | | | | | |