

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6177

CERTIFICATE OF DEATH

REGISTRAR'S NO.

215

BIRTH NO.

34 04  
PLACE OF DEATH  
19 AND 19  
AL RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>56 Yrs 56 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
C. CITY OR TOWN <b>Globe</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Globe</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>132 N. Sutherland St.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>132 N. Sutherland St.</b>	

DECEDENT  
PERSONAL DATA  
79  
X54

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Anthony</b> B. (MIDDLE) <b>Joseph</b> C. (LAST) <b>Neary</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
6B. NAME OF SPOUSE <b>Belle</b>		7. DATE OF BIRTH MONTH DAY YEAR <b>Oct. 13 1875</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>79 Yrs.</b>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Proprietor</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Pennsylvania</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>None</b>	
14A. FATHER'S NAME <b>John Michael Neary</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Ireland</b>	15A. MOTHER'S MAIDEN NAME <b>Bridget Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Ireland</b>
16. INFORMANT'S SIGNATURE <i>John C. Neary</i>			ADDRESS <b>Phoenix, Ariz.</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Nov. 8, 1954</b>

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <i>MI. 61</i> ‡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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ ANTECEDENT CONDITIONS, IF ANY, MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) <i>Coronary occlusion</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>-</i>	

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION <i>None</i>	19B. MAJOR FINDINGS OF OPERATION <i>-</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Oct. 1, 1954** TO **Nov. 8, 1954**, THAT I LAST SAW THE DECEASED ALIVE ON **Nov. 8, 1954**, AND THAT DEATH OCCURRED AT **4:45 a.** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <i>Edward J. Harris MD</i>	22B. ADDRESS <b>Globe, Arizona</b>	22C. DATE SIGNED <b>11/9/54</b>
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DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <input checked="" type="checkbox"/>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>-</i>	23C. (CITY OR TOWN) (COUNTY) (STATE) <i>-</i>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>-</i>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? <i>-</i>

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE <i>-</i>	24B. ADDRESS <i>-</i>	24C. DATE SIGNED <i>-</i>
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FUNERAL DIRECTOR AND REGISTRAR  
7  
2  
156

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>Nov. 10, 1954</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona.</b>
26A. DATE REC. BY LOCAL REG. <b>11-9-54</b>	26B. REGISTRAR'S SIGNATURE <i>Doree Wawalee</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. ...</i>	27B. ADDRESS <i>...</i>