

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6882

CERTIFICATE OF DEATH

REGISTRAR'S NO.

97

25 05  
DATE OF DEATH  
8 AND 48  
USUAL RESIDENCE  
\*-

PRECEDENT 3  
PERSONAL DATA 189  
4  
154

CAUSE OF DEATH  
ITEM 18) 0  
0

OPERATIONS, AUTOPSY 6

MEDICAL CERTIFICATION 1

DEATH DUE TO EXTERNAL VIOLENCE

DRONER'S CERTIFICATION 1

MUNERAL DIRECTOR AND REGISTRAR 25  
173

|   |  |  |  |   |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|--|
| BIRTH NO.   |  | 1. PLACE OF DEATH<br>A. COUNTY Graham  |  | B. LENGTH OF STAY<br>IN THIS TOWN IN ARIZONA<br>60 yrs 73 yrs                   |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED.<br>IF INSTITUTION; RESIDENCE BEFORE ADMISSION)<br>A. STATE Arizona |  | REGISTRAR'S NO. 97   |  |
| C. CITY OR TOWN Glenbar   |  | D. FULL NAME OF HOSPITAL OR INSTITUTION<br>Glenbar, Arizona  |  | C. CITY OR TOWN Glenbar   |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)<br>on Highway 70 near store                                      |  | B. COUNTY Graham   |  |
| 3. NAME OF DECEASED<br>(TYPE OR PRINT) Laura Louis McBride  |  | A. (FIRST) B. (MIDDLE) C. (LAST)   |  | 4. SEX F  |  | 5. COLOR OR RACE White   |  | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br>Widowed                         |  |
| 6B. NAME OF SPOUSE Peter McBride  |  | 7. DATE OF BIRTH<br>MONTH DAY YEAR<br>Jan 16 1865  |  | 8. AGE (IN YEARS LAST BIRTHDAY) 89  |  | IF UNDER 1 YEAR MONTHS DAYS  |  | IF UNDER 24 HRS. HOURS MIN.  |  |
| 9B. KIND OF BUSINESS OR INDUSTRY  |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br>Minersville Utah  |  | 11. CITIZEN OF WHAT COUNTRY? US   |  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)<br>NO   |  | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)<br>Promemaker |  |
| 14A. FATHER'S NAME Samuel Lewis   |  | 14B. BIRTHPLACE (STATE OR COUNTRY)<br>Kentucky   |  | 15A. MOTHER'S MAIDEN NAME Sarah Jane Wintzman                                   |  | 13. SOCIAL SECURITY NO.<br>NO  |  | 15B. BIRTHPLACE (STATE OR COUNTRY)<br>Ind.   |  |
| 16. INFORMANT'S SIGNATURE<br>A. L. Smith  |  | ADDRESS<br>Glenbar, Arizona  |  | 17. DATE OF DEATH<br>Dec. 25 1954   |  | (MONTH) (DAY) (YEAR)   |  |  |  |
| 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE (A), (B), (C).<br>#THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br>17.50 |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (A) DUE TO (C) |  | MEDICAL CERTIFICATION<br>(A) Hypostatic Pneumonia<br>DUE TO (B) Atherosclerosis |  | INTERVAL BETWEEN ONSET AND DEATH<br>6 days   |  |  |  |
| PLACE DISEASE CONTRACTED.   |  | II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.   |  |   |  |  |  |  |  |
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                          |  |  |  |
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/19, 1954, TO 12/24, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 12/24, 1954, AND THAT DEATH OCCURRED AT 10:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.   |  | 22A. SIGNATURE<br>J. N. Stratton   |  | 22B. ADDRESS<br>Safford, Ariz.  |  | 22C. DATE SIGNED<br>12/28/54   |  |  |  |
| 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)  |  |  |  |  |  |
| 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  |  |  |  |  |  |
| 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>   |  | 25B. DATE<br>Dec. 23, 1954   |  | 25C. NAME OF CEMETERY OR CREMATORY<br>Pima Cemetery                             |  | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br>Pima, Ariz.   |  |  |  |
| 26A. DATE REC. BY LOCAL REG.<br>12/21/54  |  | 26B. REGISTRAR'S SIGNATURE<br>J. N. Stratton   |  | 27A. FUNERAL DIRECTOR'S SIGNATURE<br>1153 A                                     |  | 27B. ADDRESS<br>Safford, Ariz.   |  |  |  |