2010

BUREAU OF VI STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEAT

County Gila State Arizona State File No. 8

District or Township Globe Registered No. 54

City Globe or Village

No. County Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Harvey L. (Psyche) Allen

(a) Residence. No. (Roosevelt, Arizona) St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 65 Months — Days — IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or country) (city or town)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or country) (city or town)

14. Informant Globe Lodge 489 BPOE

(Address) Globe, Arizona

15. Filed 5/9 1930 L. E. Wightman Mrs. Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 14th 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1930 to April 14, 1930

that I last saw him alive on April 13, 1930

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Sputum

(Signed) Charles E. Irwin, M.D.

April 15 1930 (Address) Miami Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Globe Elk Cemetery

DATE OF BURIAL 4-19-30

20. UNDERTAKER Jones Funeral Home

ADDRESS Globe, Arizona

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING