

1038

Dr. Gunter.

**STANDARD CERTIFICATE OF DEATH** **Arizona State Board of Health**

BUREAU OF VITAL STATISTICS STATE FILE NO. 65

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 88  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. 645 S. Broad ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 15 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 2. FULL NAME Elizabeth Davenport Poindexter HOW LONG IN STATE WHEN DEATH OCCURRED: 15 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. 645 S. Broad ST. \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. W. Poindexter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1877

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN. 59 2 18

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas

13. NAME Wm. L. Scurlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Alabama

15. MAIDEN NAME Elizabeth Chappell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia

17. INFORMANT Mr. W. W. Poindexter (ADDRESS) 645 S. Broad St., Globe, Ariz

18. PLACE OF REMOVAL Removal (ADDRESS) Phoenix, Ariz DATE Nov. 23, 1936

19. EMBALMER LICENSE NO. 18-A SIGNATURE [Signature]  
 FUNERAL DIRECTOR SIGNATURE [Signature]  
 ADDRESS Globe, Arizona

20. FILED Nov 22, 1936 REGISTRAR (ADDRESS) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO Nov. 18, 1936  
 I LAST SAW HER ALIVE ON Nov. 18, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:00 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Coronary Thrombosis DATE OF ONSET Nov 16

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
 IF SO, SPECIFY \_\_\_\_\_ (SIGNED) [Signature] M. D. [Signature]

MARGIN RESERVED FOR BINDING

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.