

1581

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. **106**  
REGISTERED NO. **89**

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. Gila County Hospital ST. \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
IN CITY OR TOWN WHERE DEATH OCCURRED 2 YRS. 6 MOS. \_\_\_\_\_ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME George F. McFall HOW LONG IN STATE WHEN DEATH OCCURRED 50 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 420 S. Hill St. ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 17, 1866</u>				
7. AGE		YEARS <u>76</u>	MONTHS <u>0</u>	DAYS <u>11</u>
IF LESS THAN 1 DAY _____ HRS. OR _____ MIN.				
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Mining &amp; Cattle</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Retired</u>			
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1922</u>			
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>McFall Missouri</u>				
FATHER	13. NAME <u>John McFall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Martha Silvey</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Missouri</u>			
17. INFORMANT <u>Mr. L. E. McFall</u> (ADDRESS) <u>420 S. Hill St. Globe, Ariz.</u>				
18. <del>PLACE</del> REMOVAL <u>Removal</u> PLACE <u>Kansas City, Mo</u> DATE <u>Apr. 30, 1937</u>				
19. EMBALMER (LICENSE NO. <u>18-A</u> ) SIGNATURE <u>Fred W. Jones</u> FUNERAL DIRECTOR <u>10-A Fred W. Jones</u> ADDRESS <u>Globe, Arizona</u>				
20. FILED <u>Apr 29, 1937</u> <u>T. C. Harper</u> REGISTRAR (ADDRESS) <u>Globe, Ariz.</u>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apr. 25, 1937, TO Apr. 28, 1937  
I LAST SAW HIM ALIVE ON Apr. 28, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:45 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

<u>Asphyxiation (Smoke from fire in his home), Complicated by uremia</u>	<u>Apr. 25, 1937</u>
<u>Pericarditis</u>	<u>about 1930</u>
<u>Chronic nephritis</u>	<u>about 1930</u>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: about 1930

NAME OF OPERATION none DATE OF \_\_\_\_\_  
WHAT TEST Examination  
CONFIRMED DIAGNOSIS Asphyxiation WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? no DATE OF INJURY 4/25, 1937  
WHERE DID INJURY OCCUR? Globe, Arizona  
(SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Home

MANNER OF INJURY Smoke from fire  
NATURE OF INJURY Asphyxiation

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
IF SO, SPECIFY \_\_\_\_\_

(SIGNED) T. C. Harper M. D.  
(ADDRESS) Globe, Ariz.