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Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registered No. 1062

1. PLACE OF DEATH
County Gila State ARIZONA
Township Globe City Globe
Length of residence in town where death occurred 2 yrs. 10 mos. 20 ds.
2. FULL NAME Thomas B. Morrison
(a) Residence: No. 419 Smelter St., Globe Ariz. (Usual place of abode)

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) Oct 1 1878
7. AGE Years 60 Months 1 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Baton Rouge Louisiana (State or Country)

13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or Country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or Country)

17. INFORMANT Dr. Angius (Address) Miami Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Bucal Cem Date Nov 3 1938

19. EMBALMER License No. 9508 Signature W. H. McEllon FUNERAL DIRECTOR Miles Mortuary Address Miami Ariz

20. Filed Nov 6 1938 Registrar J. W. [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938, to Nov. 4, 1938

I last saw him alive on Nov. 4, 1938; death is said to have occurred on the date stated above, at 10:42 a.m.

The principal cause of death and related causes of importance were as follows:

Auto accident - Crushed chest and pelvis

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury Nov. 4, 1938

Where did injury occur? Gila County (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Auto from over bank

Nature of injury Crushed chest & pelvis

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.

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.