

2523

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. **64**
Registered No. **103**

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City Globe, No. 605 North Grand St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2. FULL NAME Lawrence Ellsworth McAfee St. _____ Ward New Albany, Indiana
(If non-resident give city or town and state)

(a) Residence: No. _____ (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) Widower

5a. If married, widowed, or divorced HUSBAND of Ida Belle McAfee, Deceased (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov. 8th 1865

7. AGE Years 73 Months 0 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Retired 15 yrs. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Indiana (State or Country)

FATHER
13. NAME James Lawrence McAfee
14. BIRTHPLACE (city or town) Indiana (State or Country)

MOTHER
15. MAIDEN NAME Mary Emery
16. BIRTHPLACE (city or town) Indiana (State or Country)

17. INFORMANT (Son) Jas. B. McAfee (Address) 1101 Burton Ave. New Albany

18. BURIAL, CREMATION, OR REMOVAL Place New Albany, Ind. Date 11/9/38 19. _____

19. EMBALMER License No. 12A Signature [Signature]
FUNERAL DIRECTOR License # 10-A Address Globe, Arizona

20. Filed Nov 9, 1938 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8, 1938
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him Dead on 11-8, 1938; death is said to have occurred on the date stated above, at 11:40 AM

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

Date of Onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

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? no

If so, specify _____ M. D.
(Signed) [Signature] (Address) Globe - Ariz.