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STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No.

Registered No. 10

1. PLACE OF DEATH

County Gila

Township _____ State ARIZONA

City Globe or Village _____

Length of residence in city or town where death occurred _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) _____ No. Gila Co. Hospital _____ St. _____ Ward _____

2. FULL NAME Frank Redmond How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.

(a) Residence: No. None (Usual place of abode) _____ St. _____ Ward _____ How long in State when death occurred? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

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

7. AGE about 46 Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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 Country) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Gila Co. Hospital (Address) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Crem. Date 2/21/1939

19. EMBALMER { License No. 2008 Signature W. H. McCallan FUNERAL DIRECTOR Miles Mortuary Address Globe Arizona

20. Filed Feb. 20, 1939 Registrar W. H. McCallan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937, to Feb 6 1939

Last saw him alive on Feb 5, 1939; death is said to have occurred on the date stated above, at 6:00 a.m.

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

Cerebro spinal syphilis Date of Onset ?

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) W. H. Kennedy 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 statement of OCCUPATION is very important.