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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County GILA State ARIZONA State File No. 92
Township _____ or Village _____ Registered No. 48
City GLOBE No. GILA COUNTY HOSPITAL 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 2 yrs. 2 mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
2. FULL NAME HARRY EDWARD McFALL How long in state when death occurred _____ yrs. _____ mos. _____ ds.
(a) Residence: No. 620 MAPLE STREET St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>MARRIED</u>		21. DATE OF DEATH (month, day, and year) <u>JULY 18, 1939</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>July 12, 1939</u> , to <u>July 18, 1939</u> . I last saw him alive on <u>July 19, 1939</u> ; death is said to have occurred on the date stated above, at <u>7:40 a.</u>
5a. If married, widowed, or divorced HUSBAND of <u>MRS. PEARL McFALL</u> (or) WIFE of _____				The principal cause of death and related causes of importance were as follows: <u>Perforated peptic ulcer</u>	
6. DATE OF BIRTH (month, day, and year) <u>SEPTEMBER 7, 1890</u>				Date of Onset _____	
7. AGE Years <u>48</u> Months <u>10</u> Days <u>11</u> If LESS than 1 day, _____ hrs. or _____ min.				Other contributory causes of importance: _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AUTO PARTS SALES-</u>				Name of operation <u>Repair of peptic ulcer</u> Date of <u>July 13</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>MAN</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				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. _____	
12. BIRTHPLACE (city or town) (State or Country) <u>PHOENIX ARIZONA</u>				Manner of injury _____ Nature of injury _____	
13. NAME <u>GEORGE F. McFALL</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>McFALL MISSOURI</u>				If so, specify _____ (Signed) <u>Norman Wheeler</u> M. D. (Address) <u>Globe, Ariz</u>	
15. MAIDEN NAME <u>MARY E. POLSGROVE</u>				_____	
16. BIRTHPLACE (city or town) (State or Country) <u>STANBERRY MISSOURI</u>				_____	
17. INFORMANT <u>L. E. McFALL</u> (Address) <u>GLOBE, ARIZONA</u>				_____	
18. BURIAL, CREMATION, OR REMOVAL <u>REMOVAL TO</u> Place <u>KANSAS CITY, MO.</u> Date <u>JULY 20, 1939</u>				_____	
19. EMBALMER License No. _____ Signature _____ FUNERAL DIRECTOR <u>10-A Fred R. Jones</u> Address <u>GLOBE, ARIZONA</u>				_____	
20. Filed <u>July 18, 1939</u> _____ Registrar.				_____	