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SOCIAL SECURITY 527-05-2255
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. 89
Registered No. 21

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.

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township Globe or Village _____
 City Globe No. 214 West Maple 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 25 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Lewis Edward Means How long in state when death occurred 25 yrs. _____ mos. _____ ds.
 (a) Residence: 214 West Maple St. (If non-resident give city or town and state)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1903

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
36 2 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inspiration Copper Co.
 10. Date deceased last worked at this occupation (month and year) 11/17/38 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Alpine
 (State or Country) Texas

MOTHER
 13. NAME Walter Allison Means
 14. BIRTHPLACE (city or town) Texas
 (State or Country)

FATHER
 15. MAIDEN NAME Francis Cordella Bennett
 16. BIRTHPLACE (city or town) Texas
 (State or Country)

17. INFORMANT Mrs. Zella Mae Strom
 (Address) Payson Ariz.

18. BURIAL ~~XXXXXXXXXXXX~~
 Place Globe Cemetery Date Feb. 1, 1940

19. EMBALMER { License No. 118-A
 Signature [Signature]
 FUNERAL DIRECTOR License 10-A
 Address Globe Arizona

20. Filed Feb. 1, 1940 Registrar _____ (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31, 1940

22. I HEREBY CERTIFY that I attended deceased from Jan 30 1940 to Jan 31 1940.
 I last saw him alive on Jan 30 1940; death is said to have occurred on the date stated above, at 5:15 AM
 The principal cause of death and related causes of importance were as follows:
General coroneomatosis
in liver - lungs
 Date of Onset _____

Other contributory causes of importance: _____

Name of operation Nephrectomy Date of 1939
 What test confirmed diagnosis Path 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? no
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Globe