

9210

SOCIAL SECURITY NO.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 76

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. 24  
 Township Globe or Village Globe  
 City Globe No. Gila County Hospital St. B Ward D  
 (If death occurred in a hospital or institution, give the NAME instead of street and number)  
 Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. if of foreign birth? ... yrs. mos. ds.  
 2. FULL NAME Randa May Maataa How long in State when death occurred? ... yrs. mos. ds.  
 (a) Residence: Globe, Arizona (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Married  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Montana  
 6. DATE OF BIRTH (month, day, and year) Jan 13, 1887  
 7. AGE Years 53 Months 1 Days 5 If LESS than 1 day, ... hrs. or ... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Hartman Hill (State or Country) Texas  
 FATHER 13. NAME J. A. Hendrick  
 14. BIRTHPLACE (city or town) Rusk Co. (State or Country) Texas  
 MOTHER 15. MAIDEN NAME Bennie Wilhelm  
 16. BIRTHPLACE (city or town) Rusk Co. (State or Country) Texas  
 17. INFORMANT Mrs. Mary Shearman (Address) Tat-lon Texas  
 18. BURIAL, CREMATION, OR REMOVAL Place Wardwell, Texas Date 2-20, 1940  
 19. EMBALMER License No. 242-A Signature John C. Shearman  
 FUNERAL DIRECTOR Rita G. Miles Address Globe, Arizona  
 20. Filed Feb 18 1940 Registrar June Wampler

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-18, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1940, to Feb. 18, 1940  
 I last saw h.e.r. alive on Feb. 18, 1940; death is said to have occurred on the date stated above, at 11:25A.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage about  
Complicating Arteriosclerosis 1930  
with hypertension.  
 Date of Onset  
 Other contributory causes of importance:  
(Hemorrhage occurred  
Feb. 16, 1940)  
 Name of operation Examination Date of Feb. 16, 1940  
 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? no Date of injury no  
 Where did injury occur? no (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) T. C. Wampler 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.