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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 58
Registrar's No. 53

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 21 years; In Community 26 years; In Arizona 26 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Jasper Payne (b) If veteran _____ (c) Social Security No. none
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife, if alive, _____ yrs.
7. Birthdate of deceased 1854
(Month) (Day) (Year)
8. AGE: Years 86 Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Alabama
(City, town or county) (State or Country)
10. Usual Occupation Liveryman
11. Industry or Business Livery stable
Father { 12. Name Unknown
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature _____
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date 6-8-1940
18. (a) Embalmer's Signature J. C. Sahily 342-A
(b) Funeral Director Rita G. Miles
(c) Address Globe, Arizona

19. (a) June 2, 1940
(Date received local Registrar)
(b) Gene Wauson
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 2, 1940;
TIME (Hour and minute) 3:56 A. M.
21. I hereby certify that I attended the deceased from May 15
_____, 1940 to June 2, 1940;
that I last saw him alive on June 1, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Cardio Vascular Renal Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

DURATION _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. O. Wheeler M.D.
Address Globe Ariz Date signed June 3, 1940