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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. 65
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location _____
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 12 1/2 yrs; In Arizona 12 1/2 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe (Rural)
(If outside city limits write RURAL)
(d) Street No. Bandy Heights (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Carneal Rice (b) If veteran _____ (c) Social Security No. 526-05-9227
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Helen Rice 6. (c) Age of husband or wife, if alive 38 yrs.
7. Birthdate of deceased Aug 30 1902
(Month) (Day) (Year)
8. AGE: Years 37 Months 10 Days 7 If less than one day
hrs. _____ min. _____
9. Birthplace Texas
(City, town or county) (State or Country)
10. Usual Occupation Shift Boss
11. Industry or Business Copper Mine
12. Name Unknown
13. Birthplace _____
(City, town or county) (State or Country)
14. Maiden Name _____
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Ethel Davenport
(b) Address 242 Blake St.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Center (c) Date 6-18-40
18. (a) Embalmer's Signature T. J. ...
(b) Funeral Director ...
(c) Address ...
19. (a) 6/18/40 (Date received local Registrar)
(b) Nelson D. Brayton (Registrar's Signature) P.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 13, 1940
TIME (Hour and minute) 4.50 P.M. M.
21. I hereby certify that I attended the deceased from _____
to _____, 19____ to _____, 19____;
that I last saw h- alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Gun shot wound at the hand of his wife Helen Rice
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Autopsy Gun shot wound at the hand of his wife Helen Rice

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) Murder
(b) Date of occurrence June 13, 1940
(c) Where did injury occur? Miami, Gila, Ariz
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature ... M.D.
Address MIAMI PRECINCT, GILA CO., ARIZONA