

643

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

76

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No. 67

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 219 East Oak St.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 57 Yrs; In Arizona 57 Yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town _____
(If outside city limits write RURAL)

(d) Street No. 219 East Oak St.; (e) If foreign born, in U. S. A. 64 yrs.
(b) If veteran name war _____ (c) Social Security No. None
(If NONE write the word)

3. (a) FULL NAME Leah Wilson Patton

| | | |
|--|--|---|
| 4. Sex <u>Female</u> | 5. Color or Race <u>White</u> | 6. (a) Single, married, widowed or divorced <u>Widowed</u> |
| 6. (b) Name of husband or wife | | 6. (c) Age of husband or wife, if alive.....yrs. |
| 7. Birthdate of deceased <u>Feb. 29, 1868</u> (Month) (Day) (Year) | | |
| 8. AGE: Years <u>72</u> | Months <u>3</u> | Days <u>28</u> |
| If less than one day hrs. min. | | |
| 9. Birthplace <u>Sunderland England</u> (City, town or county) (State or Country) | | |
| 10. Usual Occupation <u>At Home</u> | | |
| 11. Industry or Business _____ | | |
| Father | 12. Name <u>No Record</u> | |
| | 13. Birthplace <u>England</u> (City, town or county) (State or Country) | |
| Mother | 14. Maiden Name <u>No Record</u> | |
| | 15. Birthplace <u>England</u> (City, town or county) (State or Country) | |

16. (a) Informant's own signature Ethel Patton
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem (c) Date June 30, 1940

18. (a) Embalmer's Signature Red Jones
(b) Funeral Director Red Jones
(c) Address Globe Arizona

19. (a) July 9, 1940
(Date received local Registrar)
(b) June Wavallee
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 27, 1940
TIME (Hour and minute) 6 P.M.

21. I hereby certify that I attended the deceased from June 17
19 40 to June 27 19 40;
that I last saw her alive on June 27 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Goiter

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

12 years

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 Ed Wheeler M.D.
Address Globe Date signed July 6, 1940