

1667

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

74

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No.

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

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

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

(d) Street No. 16 Montana St.; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Barbara Jean Mechem (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug 10 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hrs. min.

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name William Paul Mechem
13. Birthplace McNeal Ariz.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lucille Estel Ray
15. Birthplace Antlers Oklahoma
(City, town or county) (State or Country)

16. (a) Informant's signature Earl Mechem
(b) Address Globe Route 4 Ariz.

17. (a) Burial, Cremation or Removal Reburial
(b) Place Glenbar (c) Date Aug 10 1940

18. (a) Embalmer's Signature J. Meyers Jr.
(b) Funeral Director Malis Mortuary
(c) Address Miami, Ariz.

19. (a) Aug 10 1940
(Date received local Registrar)
(b) Keenan D. Brown
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 10, 1940;
TIME (Hour and minute) 4:15 P.M.

21. I hereby certify that I attended the deceased from Aug 10 - 40;
19____ to Aug 10 - 0, 1940;
that I last saw her alive on Aug 10 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Stillborn infant
Due to _____
Cause unknown
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: none
Of operations: _____
Of autopsy: none

DURATION
Born dead

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) no
(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 Raymond M. Brown M.D.
Address Miami Ariz. Date signed Aug 10 1940