

2589

11-15-40

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

65

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 106

1. Place of Death: (a) County GILA (b) City or Town GLOBE (c) Location COUNTY HOSPITAL
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 21 days; In Arizona 1 mi 21 days
(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 also write RURAL)

(d) Street No. MESQUITE (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME EMMA JEAN RUTH O'BRIEN (b) If veteran _____ name war. _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex FEMALE 5. Color or Race WHITE 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased SEPT 8 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 21 Days _____ If less than one day
hrs _____ min _____

9. Birthplace GLOBE ARIZONA
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name A. W. O'BRIEN
13. Birthplace Texas
(City, town or county) (State or Country)

Mother { 14. Maiden Name _____
15. Birthplace ARIZONA
(City, town or county) (State or Country)

16. (a) Informant's own signature A. W. O'BRIEN
(b) Address GLOBE ARIZONA

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date Oct 4 1940

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) _____
(Date received local Registrar)

(b) Inez Wallace
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) OCT 29, 1940;
TIME (Hour and minute) 10 9 M.

21. I hereby certify that I attended the deceased from Oct 28
1940 to Oct 28, 1940;

that I last saw her alive on Oct 28, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular pneumonia of Rt upper lobe.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 M. D. Wheeler M. D.
Address Globe Date signed _____

DURATION
3 days

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