

587

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 24 yrs; In Arizona 24 yrs  
(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. 4083 Highland Ave. (e) If foreign born, in U. S. A. 24 yrs

3. (a) FULL NAME Frank Joseph Ray (b) If veteran name was Prof. (c) Social Security No. 526-06-9958  
(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 Mollie Ida Ray 6. (c) Age of husband or wife, if alive 58 yrs.  
7. Birthdate of deceased Oct. 23, 1876  
(Month) (Day) (Year)  
8. AGE: Years 64 Months 1 Days 11 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace St. George, Quebec, Canada  
(City, town or county) (State or Country)

10. Usual Occupation Smelter Foreman

11. Industry or Business \_\_\_\_\_

12. Name Frank J. Ray  
13. Birthplace St. George, Canada  
(City, town or county) (State or Country)

14. Maiden Name Erney  
15. Birthplace St. George, Canada  
(City, town or county) (State or Country)

16. (a) Informant's own signature [Signature]  
(b) Address 126 1/2 St. [Address]

17. (a) Burial, Cremation or Removal Burial  
(b) Place Miami (c) Date 12/5/1940

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

19. (a) 12-5-40  
(Date received local Registrar's Certificate)  
(b) Leson D. Bonifon  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Dec. 3, 1940  
TIME (Hour and minute) 10:30 P.M.  
21. I hereby certify that I attended the deceased from December 1st  
1940 to December 3, 1940  
that I last saw him alive on December 3rd, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute cardiac dilatation  
Due to Influenzal infection  
Due to \_\_\_\_\_  
Other conditions Diabetes, nephritis  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
DURATION 9 days  
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? \_\_\_\_\_  
23. Signature [Signature] M.D. \_\_\_\_\_  
Address Box 1296, Miami, Arizona Date signed 12-7-40