

607

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

92

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 147

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location ? Central Ave  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 25 yrs; In Arizona 55 yrs.  
(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 write RURAL)  
(d) Street No. ? Central Ave (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Frederick Stock, Sr. (b) If veteran no (c) Social Security No. none  
(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 Mrs. Dora Stock 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Dec. 25 1874  
(Month) (Day) (Year)  
8. AGE: Years 66 Months 0 Days 3 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Benjamin, Utah  
(City, town or county) (State or Country)  
10. Usual Occupation Laborer  
11. Industry or Business \_\_\_\_\_  
12. Name Frederick Stock  
13. Birthplace No Record  
(City, town or county) (State or Country)  
14. Maiden Name Olive (?)  
15. Birthplace No Record  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Ellis Stock  
(b) Address Tucson, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe (c) Date 12/31/40  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona  
19. (a) Dec. 30 - 1940  
(Date received local Registrar)  
(b) Irene Wavelle  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Dec. 28 1940 19\_\_\_\_; TIME (Hour and minute) About 9:00 P.M. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death Over come with Carbon Monoxide Gas  
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) accident  
(b) Date of occurrence Dec 12/28, 1940  
(c) Where did injury occur? Globe, Gila Co, Ariz  
(City or Town) (County) (State)  
(d) Did injury occur \_\_\_\_\_ or about home, on farm, in industrial place, in public place? Residence  
(Specify type of place) \_\_\_\_\_  
While at work? no (e) Means of injury open hearth  
23. Signature James E. Owen  
Address Globe, Ariz Date signed 12/26/40

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