

1238

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

60

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 2

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Ice House Canyon
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 60 Yrs.; In Arizona 60 Yrs.
(Specify whether years, months or days) (If outside city limits write RURAL)
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. Ice House Canyon (b) If veteran name war _____ (c) Social Security No. _____ (If NONE write the word)

3. (a) FULL NAME Marv Elizabeth Adams

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

7. Birthdate of deceased Nov. 27, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 9
If less than one day hrs. _____ min. _____

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

10. Usual Occupation At Home

11. Industry or Business _____

Father 12. Name John Howard
13. Birthplace Ark.
(City, town or county) (State or Country)

Mother 14. Maiden Name Rebecca Wood
15. Birthplace Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Richard Adams
(b) Address Globe Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date Jan. 9, 1941.

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Ariz.

19. (a) Feb. 4 - 1941.
(Date received local Registrar)
(b) Dora Hausler
(Registrar's Signature)

5M 100% Reg 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 6, 1941
TIME (Hour and minute) Hour unknown M.

21. I hereby certify that I attended the deceased from Dec 28
1940 to Jan 6, 1941;
that I last saw her alive on Jan 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Age

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____

Of autopsy _____

DURATION

1 month

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 [Signature] M.D.
Address [Address] Date signed Jan 23 41