

1243

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. 6

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location County Hospital  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community No Record; In Arizona No record  
(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. Miami (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
(b) If veteran name war \_\_\_\_\_ (f) Social Security No. None  
(If NONE write the word)

3. (a) FULL NAME John Emmett O'Brien  
4. Sex Male 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 July 3, 1860  
(Month) (Day) (Year)  
8. AGE: Years 80 Months 6 Days 8 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Houghton Mich.  
(City, town or county) (State or Country)  
10. Usual Occupation Carpenter  
11. Industry or Business \_\_\_\_\_  
12. Name No Record  
13. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)  
14. Maiden Name No Record  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Records  
(b) Address Globe Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem (c) Date Jan. 16, 1941  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona  
19. (a) Feb. 4 - 1941  
(Date received local Registrar)  
(b) Gene Wauson  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Jan 11, 1941;  
TIME (Hour and minute) 10:15 PM. M.  
21. I hereby certify that I attended the deceased from Jan 1  
\_\_\_\_\_ 1941 to Jan 11, 1941;  
that I last saw him alive on Jan 11, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death fractured hip - Occubitus  
exhaustion  
Due to unmended fracture of neck right femur  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

22. If death was due to external cause, fill in the following:  
(a) Accident, suicide or homicide (specify) accident  
(b) Date of occurrence about Dec. 11, 1940  
(c) Where did injury occur? Globe Gila Arizona  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)  
While at work? no (e) Means of injury Fell over floor  
23. Signature J. P. Bennett M.D.  
Address Globe Ariz Date signed Jan 22 - 41