

1823

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 61
Registrar's No. 22

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Crawford Court
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 34 yrs.; In Arizona 34 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. Crawford Court
3. (a) FULL NAME Joseph Mitchell (b) If veteran name war None (c) If foreign born, in U. S. A. 46 yrs. (e) Social Security No. 526-01-0566
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widower
6. (b) Name of husband Minnie Mitchell, Dec 6. (c) Age of husband _____
or wife, if alive..... yrs.
7. Birthdate of deceased April 9 1877
(Month) (Day) (Year)
8. AGE: Years 63 Months 10 Days 10 If less than one day
hrs. _____ min. _____

9. Birthplace St. Austell, Cornwall, England
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business _____

Father { 12. Name No Record
13. Birthplace No Record
(City, town or county) (State or Country)

Mother { 14. Maiden Name No Record
15. Birthplace No Record
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Doris Sobey
(b) Address Superior, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe KP 7th Date 2/23/41 1941

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

19. (a) Feb. 23-1941
(Date received local Registrar)
(b) Gene Wanslee
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feby. 19 1941
TIME (Hour and minute) 10:20 PM M.

21. I hereby certify that I attended the deceased from Jan. 21 1941 to Feb. 19 1941
that I last saw him alive on Feb. 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Ulcerative Pulmonary Tuberculosis

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

Major findings:
Of operations _____
Of autopsy _____

DURATION
about 10 years

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 J. F. Harper M.D.
Address Globe, Ariz. Date signed 2-25-41