

1833

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

70

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 17

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 645 South Broad St.  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 27 Yrs.; In Arizona 27 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. 645 South Broad St.; (e) If foreign born in U. S. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME William Walter Poindexter (b) If veteran name war \_\_\_\_\_ (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 Mercia Poindexter 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Sept. 21, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 5 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation Merchant Retired 4 Yrs

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

Father { 12. Name Robert J. Poindexter  
13. Birthplace Va.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Angie Burch  
15. Birthplace Ky.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mercia Poindexter  
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Phoenix (c) Date March 3, 1941

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

19. (a) March 3 - 1941  
(Date received local Registrar)

(b) James W. ...  
(Registrar's Signature)

5M 160% Rag 5-17-40

MEDICAL CERTIFICATION 1941

20. DATE OF DEATH (Month, day and year) Feb. 26, 1941  
TIME (Hour and minute) 9:20 PM. M.

21. I hereby certify that I attended the deceased from Jan 1936  
1936 to Feb 26, 1941  
that I last saw him alive on Feb 26, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis

Chronic myocarditis

Chronic hepatitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

5 yrs

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 Globe Date signed 3/2/41