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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1008

Registrar's No. 39

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Days; In Community 31 Yrs.; In Arizona 31 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 also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Samuel Edward Mann (b) If veteran name war 31 (c) Social Security No. 527-07-2399
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Sep. 2, 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 24 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Miner

11. Industry or Business Last Worked W.P.A.

12. Name Samuel Mann

13. Birthplace Tenn.
(City, town or county) (State or Country)

14. Maiden Name Isaac

15. Birthplace Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Marion F. Mann
(b) Address Young Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe Cem. (c) Date May 28, 1941

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe Arizona

19. (a) May 31 - 1941
(Date received local Registrar)

(b) June 4, Irene Warrille
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 26, 19 41;
TIME (Hour and minute) 8:30 A. M.

21. I hereby certify that I attended the deceased from May 25, 1941
to May 26, 1941, 19 _____;
that I last saw him alive on May 25, 1941, 19 _____;

and that death occurred on the date and hour stated above

Immediate cause of death Congestive heart failure
Chronic asthma

Due to Chronic asthma

Due to Chronic Bronchitis

Other conditions Art. Sclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

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 Manning Hunter M. D.
Address Globe, Ariz Date signed 5-31-41