

1223

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 179
Registrar's No. 43

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 40 Days; In Community 40 Yrs.; In Arizona 40 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. 242 Blake St.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Willie Edwin Davenport (b) If veteran name war 93d (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 Katie Davenport 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased May 28, 1875
(Month) (Day) (Year)
8. AGE: Years 66 Months 0 Days 6 If less than one day hrs. _____ min. _____
9. Birthplace Coleman Texas
(City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business Last Worked- 1929
Father { 12. Name Charles W. Davenport
13. Birthplace Wetumka Alabama
(City, town or county) (State or Country)
Mother { 14. Maiden Name Martha H. Morgan
15. Birthplace Wetumka Alabama
(City, town or county) (State or Country)
16. (a) Informant's own signature W. E. Davenport
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date June 9, 1941
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona
19. (a) June 14 - 1941
(Date received local Registrar)
(b) Willie H. Harselle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 4, 1941;
TIME (Hour and minute) 10:40 A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1941 to June 4, 1941;
that I last saw him alive on June 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Due to Silicosis (Non-tuberculous)
Due to Asthma
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
1 year
5 years
don't know
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 Wesley D. Bradford M.D.
Address Phoenix, Ariz. Date signed June 6, 1941