

1241

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

97

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. _____
(St. & No. (or) Name of Institution)
In Arizona _____ yrs.
(Specify whether years, months or days)
City or Town _____
(If outside city limits also write RURAL)
Social Security No. _____
(If NONE write the word)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 3 hrs; In Community 30 yrs; In Arizona 53 yrs
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. 249 Bailey
3. (a) FULL NAME James Bryant Trayne (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 Marion Trayne 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Apr 30 1872
(Month) (Day) (Year)
8. AGE: Years 68 Months 8 Days 23 If less than one day hrs _____ min _____
9. Birthplace Austin Texas
(City, town or county) (State or Country)
10. Usual Occupation Callman
11. Industry or Business _____
Father { 12. Name Tom Trayne
13. Birthplace Austin Texas
(City, town or county) (State or Country)
Mother { 14. Maiden Name Alvina Sodgrass
15. Birthplace Missouri
(City, town or county) (State or Country)

16. (a) Informant's own signature Francis Earner
(b) Address Solomonville Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (a) Date June 23 1941
18. (a) Embalmer's Signature _____
(b) Funeral Director John H. Miller
(c) Address Globe Ariz
19. (a) June 24-1941
(Date received local Registrar)
(b) June Vanuile
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 22 1941
TIME (Hour and minute) 2-30 P.M.
21. I hereby certify that I attended the deceased from June 22 1941
_____ 19____ to _____ 19____;
that I last saw him alive on June 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Double lobar pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 5 days
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 Nelson W. Brantley M.D.
Address Phoenix Ariz Date signed June 24 1941