

1248

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 100
Registrar's No. 54

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 7 weeks; In Community 56 Yrs. In Arizona 56 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. 58 Yrs. yrs.
3. (a) FULL NAME Barney Rice (b) If veteran _____ (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 Margaret Rice 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 19, 1857
(Month) (Day) (Year)
8. AGE: Years 84 Months _____ Days _____ If less than one day
hrs _____ min _____

9. Birthplace Corling Ford Co. Ireland
(City, town or county) (State or Country)

10. Usual Occupation Miner Retired

11. Industry or Business _____
Father { 12. Name Owen Rice
13. Birthplace Ireland
(City, town or county) (State or Country)

Mother { 14. Maiden Name Hellie McKeivitt
15. Birthplace Ireland
(City, town or county) (State or Country)

16. (a) Informant's own signature Margaret Rice
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date June 26, 1941

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

19. (a) July 12 - 1941
(Date received local Registrar)
(b) Leue Branelle
(Registrar's Signature)

SM 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 26, 1941
TIME (Hour and minute) 8:25 AM

21. I hereby certify that I attended the deceased from June 1, 1941
to June 26, 1941
that I last saw him alive on June 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Parasitomatosis

Due to Primary site - Right between the eyes

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____ Means of injury _____

23. Signature Arlson D. Brayton M.D.
Address Phoenix Date signed June 26, 1941

DURATION 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

Arington