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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. 5170
Registrar's No. 25

1. Place of Death: (a) County Yavapai (b) City or Town Jerome (c) Location United Verde Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Few minutes; In Community Few minutes; In Arizona 5 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai (c) City or Town Cottonwood
(If outside city limits also write RURAL)
(d) Street No. (Smelter City) Cottonwood, Arizona; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Georgia May Malone (h) If veteran name war. NO (c) Social Security No. none
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive. _____ yrs.
7. Birthdate of deceased January 6 1936
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
5 5 3 hrs. min.
9. Birthplace Cottonwood, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Child
11. Industry or Business _____
Father { 12. Name George F. Malone
13. Birthplace Browder, Kentucky
(City, town or county) (State or Country)
Mother { 14. Maiden Name Irene Dukes
15. Birthplace Pirkmanville Kentucky
(City, town or county) (State or Country)
16. (a) Informant's own signature Geo F Malone
(b) Address Cottonwood, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Cottonwood, AZ Date June 10 1941
18. (a) Embalmer's Signature Scott and McMillan
(b) Funeral Director Scott and McMillan
(c) Address Jerome, Arizona
19. (a) June 9 1941
(Date received local Registrar)
(b) Robert J. Phillips
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-9, 1941;
TIME (Hour and minute) 10:15 P M.
21. I hereby certify that I attended the deceased from May 22, 1941 to June 9, 1941;
that I last saw her June 9, 1941 alive on _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation and myocardial failure
Due to Rheumatic Pan Carditis
Due to acute Rheumatic fever
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
<u>3 weeks</u>
<u>3 months</u>
<u>6 months</u>

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 Robert J. Phillips M.D.
Address Jerome Arizona Date signed 6-9-41