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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. \_\_\_\_\_  
Registrar's No. 57

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 6 days; In Community 6 days; In Arizona 35 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. Cordova Ave.; (e) If foreign born, in U. S. A. 35 yrs.  
3. (a) FULL NAME Cost Papadopolos (b) If veteran name war 1st World War (c) Social Security No. No record  
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widower</u>
6. (b) Name of husband or wife		6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased: ? ? 1889 (Month) (Day) (Year)		
8. AGE: Years <u>52</u>	Months	Days If less than one day hrs. min.
9. Birthplace <u>Greece</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Peddler</u>		
11. Industry or Business		
Father	12. Name <u>No Record</u>	
	13. Birthplace <u>No Record</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>No Record</u>	
	15. Birthplace <u>No Record</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>John Kresos</u>		
(b) Address <u>Miami, Arizona</u>		

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) July 15 1941  
TIME (Hour and minute) 1:30 AM

21. I hereby certify that I attended the deceased from June 15  
1940 to July 15, 1941;  
that I last saw him alive on July 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Tuberculosis  
Due to Alciosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

DURATION  
2 yrs.  
10 yrs.

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

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal Cem. (c) Date 7/17/41  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona  
19. (a) July 20 - 1941  
(Date received local Registrar)  
(b) Gene Wenzel  
(Registrar's Signature)

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? (c) Means of injury  
23. Signature Nelson D. Bragerton  
Address Miami Date signed July 26 1941