

1802

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1011
Registrar's No. 67

1. Place of Death: (a) County Graham (b) City or Town Stenbar (c) Location _____ (St. & No. (or) Name of Institution) _____
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 57 yrs.; In Arizona 57 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Stenbar
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Enoch Jessie McBride If veteran _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Male 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 July 8 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months XX Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Pima Ariz
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

Father { 12. Name P. H. Mc Bride Sr.
13. Birthplace Scotland
(City, town or county) (State or Country)

Mother { 14. Maiden Name Rutha Burson
15. Birthplace Ogden Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature P. H. McBride Jr.
(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima (c) Date July 29 1941

18. (a) Embalmer's Signature _____
(b) Funeral Director W. E. Rawson
(c) Address Safford Ariz

19. (a) August 9th 1941
(Date received) _____
(b) J. V. Stratton M.D.
(Registrar's Signature) _____

20M 100% Reg. 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 26 1941;
TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from 7-20-7-26
_____, 19____ to _____, 19____;
that I last saw her alive on 7-25-, 1941;

and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Ratit

Due to _____

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? _____ (e) Means of injury _____

Signature W. E. Rawson M. D. _____
Address Safford Date signed 7-29-41

DURATION 45 days
PHYSICIAN
Underline the cause to which death should be charged statistically.