

2345

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **101**

Registrar's No. **70**

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila City Hosp.  
(If outside city limits also write RURAL) (St. & No. or Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days; In Arizona 10 years  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Payson  
(If outside city limits also write RURAL)

(d) Street No. Payson Ave.; (e) If foreign born, in U. S. A. No yrs.

3. (a) FULL NAME M. M. McKinney (b) If veteran name was W. J. McKinney (c) Social Security No. None  
(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>single</u>
6. (b) Name of husband or wife <u>None</u>		6. (c) Age of husband or wife, if alive... yrs.
7. Birthdate of deceased <u>Unknown</u> (Month) (Day) (Year)		
8. AGE: Years <u>76</u>	Months	Days If less than one day hrs. min.
9. Birthplace <u>Unknown</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Prospector</u>		
11. Industry or Business		
Father	12. Name <u>Unknown</u>	
	13. Birthplace (City, town or county) (State or Country)	
Mother	14. Maiden Name " "	
	15. Birthplace (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Private Papers</u>		
(b) Address		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Final Care</u> (c) Date <u>Aug 23</u> 19 <u>41</u>		
18. (a) Embalmer's Signature <u>J. H. Williams</u>		
(b) Funeral Director <u>J. H. Williams</u>		
(c) Address <u>Unknown</u>		
19. (a) <u>Aug 23 - 41</u> (Date received local Registrar)		
(b) <u>Jane Branslee</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 18, 1941;  
TIME (Hour and minute) 10:45 P. M.

21. I hereby certify that I attended the deceased from Aug. 17, 1941 to Aug. 18, 1941;  
that I last saw him alive on Aug 18, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Basal fracture of skull with Cerebral Hemorrhage

Due to

Due to

Other conditions Fracture left ankle  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

DURATION

2 days

2 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) accident

(b) Date of occurrence Aug. 16, 1941

(c) Where did injury occur? Payson, Gila, Arizona  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place  
(Specify type of place)

While at work? no (e) Means of injury Auto accident

23. Signature T. C. Harper M. D.  
Address Globe, Ariz. Date signed 8-27-41