

2001

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 96

Registrar's No. 64

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

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 Mo; In Arizona 3 Mo  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Calif; (b) County Imperial; (c) City or Town El Centro Calif  
(If outside city limits also write RURAL)

(d) Street No. 639 Park Ave; (e) If foreign born in U. S. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME Wilmington McKusick (b) If veteran name war \_\_\_\_\_ (c) Social Security No. 552-10-9300  
(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, if alive Emma McKusick 6. (c) Age of husband or wife, if alive 37 yrs.

7. Birthdate of deceased Nov 14 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 24 If less than one day hrs. min.

9. Birthplace San Bernardino, Calif  
(City, town or county) (State or Country)

10. Usual Occupation Carplant

11. Industry or Business Auto

12. Name Harry Eugene McKusick  
Father { 13. Birthplace Wagon  
(City, town or county) (State or Country)

14. Maiden Name Floza McKinnon  
Mother { 15. Birthplace Wagon  
(City, town or county) (State or Country)

16. (a) Informant's own signature Herbert H. Mokal

(b) Address P.O. Box 2004 - Globe

17. (a) Burial, Cremation or Removal Removal

(b) Place El Monte Calif Date Sept 9 1941

18. (a) Embalmer's Signature J. M. ...

(b) Funeral Director Walter ...

(c) Address Miami Ariz

19. Sept 16 1941  
(Date received local Registrar)

Wilmington D. Brayton  
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 5 1941; TIME (Hour and minute) 4:00 P. M.

21. I hereby certify that I attended the deceased from Sept 5 1941 to Sept 5 1941; that I last saw him alive on Sept 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage  
Due to Hypertension  
arteriosclerosis

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 \_\_\_\_\_

23. Signature Lee Gray M. D. Address Miami, Ariz Date signed Sept 6 1941

DURATION

\_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.