8303

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

87

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. ____
Registrar's No. 79

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location 720 South St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ____; In Community 4 mos (Specify whether years, months or days); In Arizona 40 years

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

(d) Street No. 720 South St.; (e) If foreign born, in U. S. A. ____ yrs.

3. (a) FULL NAME Adolphus Beacher ("Doc") Deaver (b) If veteran name was No (c) Social Security No. 527-20-1393 (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Mrs. Ella Deaver — 6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Aug. 2 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	9	hrs. ____ min. ____

9. Birthplace Coleman County, Texas. (City, town or county) (State or Country)

10. Usual Occupation Peace Officer & Barber

11. Industry or Business ____

Father
12. Name No Record
13. Birthplace No Record (City, town or county) (State or Country)

Mother
14. Maiden Name No Record
15. Birthplace No Record (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Ella Deaver
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 10/14/41 19__

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Nov. 2 - 1941. (Date received local Registrar)
(b) Irene Wanslee (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 11 1941, 19__;
TIME (Hour and minute) About 7 am M.

21. I hereby certify that I attended the deceased from Oct 1, 1941 to Oct 11, 1941; that I last saw him alive on Oct 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis -

Due to arterio-sclerosis

Due to ____

Other conditions Chr. nephritis (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

DURATION

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 M. Hunter M. D.
Address Globe, Ariz Date signed 10-23-41