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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. 102

Registrar's No. 93

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 547 South High St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 35 Years; 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 Globe
(If outside city limits also write RURAL)
(d) Street No. 547 South High St. (e) If foreign born in U. S. A. 35 Yrs. yrs.
3. (a) FULL NAME William Charles Nicholas (b) If veteran name war No (c) Social Security No. 526-09-0986
(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 Maria Nicholas 6. (c) Age of husband or wife, if alive 66 yrs.
7. Birthdate of deceased May 11 1874
(Month) (Day) (Year)
8. AGE: Years 67 Months 6 Days 26 If less than one day hrs min
9. Birthplace Dalton-in-Furness, Lancashire England
(City, town or county) (State or Country)

10. Usual Occupation Miner retired
11. Industry or Business Copper mines
12. Name William Nicholas
13. Birthplace England
(City, town or county) (State or Country)
14. Maiden Name Margaret (2)
15. Birthplace England
(City, town or county) (State or Country)

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

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date Dec. 10 1941
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Dec. 11 - 47
(Date received local Registrar)
(b) Jane Wavelle
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 7 1941;
TIME (Hour and minute) 4:30 PM
21. I hereby certify that I attended the deceased from Dec 7, 1941
to Dec 7, 1941 19____ to _____ 19____;
that I ~~last~~ saw him now alive, _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Acute Cardiac Failure
Due to Cause Unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION Nonfatal
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 Arthur E. Clark M. D.
Address Globe Arizona Date signed _____