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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. _____
Registrar's No. 20

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Resd. Ice House Canyon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community since May 1925 In Arizona 17 yrs.
(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. Resd. Ice House Canyon, S. W. of Globe; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME William Walter Preston (b) If veteran No (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced widower
6. (b) Name of husband or wife Mary Preston 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Nov. 11 1869
(Month) (Day) (Year)
8. AGE: Years 72 Months 3 Days 11 If less than one day hrs. _____ min. _____
9. Birthplace Frankfort, Kentucky
(City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business _____
Father { 12. Name David Preston
13. Birthplace Kentucky
(City, town or county) (State or Country)
Mother { 14. Maiden Name Matilda Middleton
15. Birthplace Kentucky
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. R. C. Martin
(b) Address Superior, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Lexington, Ky Date 2/25/42 19____
18. (a) Embalmer's Signature Sred O. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Feb. 24 - 1942
(Date received local Registrar)
(b) Gene W. ...
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 22nd. 1942;
TIME (Hour and minute) 2:30 AM M.
21. I hereby certify that I attended the deceased from Feb 1
_____, 1942 to Feb 22, 1942;
that I last saw him alive on Feb 22, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death chronic nephritis
Due to arterio-sclerosis
Due to senility
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
3 yrs
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? _____ (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 Glorance Smith M. D.
Address Globe, Ariz Date signed 2/27/42