

2386

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 67
Registrar's No. 30

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 250 Cuprite St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 10 Months; In Arizona 46 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. 250 Cuprite St.; (e) If foreign born, in U.S.A. _____ yrs.
3. (a) FULL NAME Andrew Jackson Morton (b) If veteran name war No (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>Married</u>
6. (b) Name of husband or wife <u>Martha E. Morton</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>March 1st. 1851</u> (Month) (Day) (Year)		
8. AGE: Years <u>91</u>	Months <u>0</u>	Days <u>2</u> If less than one day hrs. _____ min. _____
9. Birthplace <u>Andrew County, Missouri</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Rancher & Cheese Maker</u>		
11. Industry or Business <u>retired since 1928</u>		
Father	12. Name <u>Jered Morton</u>	
	13. Birthplace <u>Tenn.</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Melinda Fields</u>	
	15. Birthplace <u>Alabama</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Henry Morton</u>		
(b) Address <u>Globe, Arizona</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Globe Cem.</u> (c) Date <u>7/5/42</u> 19 <u>42</u>		
18. (a) Embalmer's Signature <u>Fred H. Jones</u>		
(b) Funeral Director <u>Fred H. Jones</u>		
(c) Address <u>Globe, Arizona</u>		
19. (a) <u>March 23-42</u> (Date received local Registrar)		
(b) <u>Geneva</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 3rd. 1942 ;
TIME (Hour and minute) 11:10 AM M.
21. I hereby certify that I attended the deceased from March 3, 1942 to March 3, 1942;
that I last saw him alive on March 3, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death Arterio-sclerosis, with terminal Cerebral hemorrhage
Due to _____
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 Fred H. Jones M. D.
Address Globe, Ariz Date signed 3-23-42

DURATION about 18 yrs.
PHYSICIAN Underline the cause to which death should be charged statistically.