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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. 46

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Globe Hospital
(If outside city limits also write RURAL) (St. & No. (of) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 18 mo; In Arizona 17 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. Walby Courts Globe (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Otto O'Brien (b) If veteran name war _____ (c) Social Security No. 526-07-841
(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 Rose 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Oct 23 1893
(Month) (Day) (Year)
8. AGE: Years 48 Months 6 Days 1 If less than one day hrs _____ min _____
9. Birthplace Globe (City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business _____
Father { 12. Name Alfred O'Brien
13. Birthplace Missouri (City, town or county) (State or Country)
Mother { 14. Maiden Name Francis King
15. Birthplace Oklahoma (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Otto O'Brien
(b) Address Globe Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Burial (c) Date 4-28-42 1942
18. (a) Embalmer's Signature _____ (b) Funeral Director _____
(c) Address _____
19. (a) 4-28-42 (Date received local Registrar) May 6-42
(b) Gene Wansell (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 24 1942
TIME (Hour and minute) 5:45 A.M.
21. I hereby certify that I attended the deceased from April 3, 1942
_____, 19____ to April 24, 1942, 19____;
that I last saw him alive on April 23, 1942, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Passive Congestion
Due to Pulmonary Fibrosis & Sclerosis
Due to Coronary Decompensation
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 1 month
10 yrs
2 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? _____ (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 Marion Hunter Date signed 4-30-42
Address Globe Arizona