

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 109
49

Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 328 South First St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 38 yrs.; In Arizona 38 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. 328 South First St. (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Solomon P. Meyers (b) If veteran name war. 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 Married
6. (b) Name of husband or wife Jesta E. Meyers 6. (c) Age of husband or wife, if alive. _____ yrs.
7. Birthdate of deceased April 21 1875
(Month) (Day) (Year)
8. AGE: Years 67 Months 0 Days 5 If less than one day hrs. _____ min. _____
9. Birthplace Gallia Ohio
(City, town or county) (State or Country)
10. Usual Occupation Orderley Hospital
11. Industry or Business _____
Father { 12. Name William Meyers
13. Birthplace Germany
(City, town or county) (State or Country)
Mother { 14. Maiden Name Mary Keller
15. Birthplace Penn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Jesta E. Meyers
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona (c) Date 4/28/42 19____

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

19. (a) May 8-1942.
(Date received local Registrar)
(b) Irma Wanselle
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 26 1942
TIME (Hour and minute) 12:30 AM
21. I hereby certify that I attended the deceased from April 26 1942
to April 26, 1942, 19____
that I last saw him alive on April 26 1942, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Due to Art. Sclerotic Heart Disease
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
5 years

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? _____ (c) Means of injury _____
23. Signature Manning Senter M. D.
Address Globe, Arizona Date signed 5-6-42