703

110

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 110

Registrar's No. 64.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Gila Gen. Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 10 Days; In Community 25 yrs. (Specify whether years, months or days); In Arizona 25 Yrs.

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. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Ida Ashby (b) If veteran name was No (c) Social Security No. No (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced	6. (c) Age of husband or wife, if alive yrs.
Female	White	Married	

6. (b) Name of husband or wife Wm. Ashby

7. Birthdate of deceased March 17th 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	2	7	hrs. min.

9. Birthplace Uvalde (City, town or county) Texas. (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father: 12. Name Jim Cook; 13. Birthplace Birmingham, Alabama (City, town or county) (State or Country)

Mother: 14. Maiden Name (?) Cox; 15. Birthplace Texas. (City, town or county) (State or Country)

16. (a) Informant's own signature Jane Kemp (b) Address Payson, Arizona

17. (a) Burial, Cremation or Removal Burial (b) Place Globe, Ariz. (c) Date 5/26/42 19

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

19. (a) June 4 - 42 (Date received local Registrar) (b) Irene Wheeler (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 24th 1942; TIME (Hour and minute) 5:30 AM M.

21. I hereby certify that I attended the deceased from Sept. 10, 1940, 19 to May 24th, 19 42; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial Degeneration

Due to

Due to

Other conditions Auricular Fibrillation (Includs pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION

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 D. W. Cutler M.D.

Address Globe Date signed 6-2-42