

7255

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 37
Registrar's No. 44
M. J. Hospital
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 100 Chickohn Ave.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Baby Palmer (b) If veteran _____ name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 6 1942
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 0 hrs. 0 min. 0

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

12. Name James G. Palmer
13. Birthplace Eden Ariz.
(City, town or county) (State or Country)

14. Maiden Name Verna Veresze
15. Birthplace Norwalk Wis.
(City, town or county) (State or Country)

16. (a) Informant's own signature James G. Palmer
(b) Address Miami Copper

17. (a) Burial, Cremation or Removal Buried
(b) Place Central Cem. (c) Date June 7 1942

18. (a) Embalmer's Signature J. H. ...
(b) Funeral Director W. H. ...
(c) Address Miami Ariz.

19. (a) June 6 - 42
(Date received local Registrar)
(b) Nelson D. Brayton
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 6, 1942
TIME (Hour and minute) 4:00 A.M.

21. I hereby certify that I attended the deceased from June 6
1942 to June 6, 1942
that I last saw him alive on June 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Prematurity
Stillborn

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

DURATION 3 hrs
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 W. H. ... M. D.
Address Miami, Ariz. Date signed June 26, 1942