

7261

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

93

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 67
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 hours; In Community 5 yrs; In Arizona 5 years
(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. Glenwood apt. Adonis ave; (e) If foreign born in U. S. A. _____ yrs.
3. (a) FULL NAME Arthur W Mayhew (b) If veteran World War I (c) Social Security No. 553-14-3362
(NONE write the word)

4. Sex Male 5. Color or Race white 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased March 1897
(Month) (Day) (Year)
8. AGE: Years 45 Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Marmette Wis
(City, town or county) (State or Country)

10. Usual Occupation Paper Maker
11. Industry or Business _____
Father
12. Name unknown
13. Birthplace unknown
(City, town or county) (State or Country)
Mother
14. Maiden Name unknown
15. Birthplace unknown
(City, town or county) (State or Country)
16. (a) Informant's own signature Discharge Paper
(b) Address information

17. (a) Burial, Cremation or Removal Burial
(b) Place Final (c) Date 6-16-1942
18. (a) Embalmer's Signature J. H. Miksch
(b) Funeral Director J. H. Miksch
(c) Address Miami Arizona
19. (a) June 23 1942
(Date received local Registrar)
(b) Gene Wavaler
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 12 1942
TIME (Hour and minute) 2:50 a. M.

21. I hereby certify that I attended the deceased from June 11th 1942 to June 12 1942
that I last saw him alive on June 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Edema Pulmonary
Coronary Failure
Due to cause unknown

DURATION
12-24 hrs.

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

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 J. H. Miksch M. D.
Address Globe Date signed 6/18/42