

9779

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 70
Registrar's No. 53

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M-I Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 hours; In Community 5 mos; In Arizona 3 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Michigan; (b) County Bay; (c) City or Town Bay City
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME James Potter (b) If veteran name war No (c) Social Security No. No
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widower
6. (b) Name of husband died Apr. 1932 Age of husband _____
Nancy Cramor Potter or wife, if alive _____ yrs.
7. Birthdate of deceased April 2nd 1853
(Month) (Day) (Year)
8. AGE: Years 89 Months 3 Days 5 If less than one day
hrs. _____ min. _____
9. Birthplace Lowell Mass.
(City, town or county) (State or Country)
10. Usual Occupation Mgr. Lumber Cooperage Mill
11. Industry or Business _____
12. Name Robert Potter
13. Birthplace Ireland
(City, town or county) (State or Country)
14. Maiden Name Mary Jane Mahaffy
15. Birthplace Ireland
(City, town or county) (State or Country)

16. (a) Informant's own signature Jas. Albert Potter
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Removal for cremation
(b) Place Phoenix (c) Date 7/10/42 19____
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) July 12, 1942
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 7th 1942
TIME (Hour and minute) 2:15 PM M.
21. I hereby certify that I attended the deceased from July 7th
10 AM, 1942 to July 7th 2:15 PM, 1942
that I last saw him alive on July 7, 1942, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Hypostatic bronchopneumonia
Due to senility
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 [Signature] M. D.
Address Miami - Fla Date signed 7/9/42