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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 30  
Registrar's No. 93

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location In car on Highway from Young, Arizona  
(If outside city limits also write RURAL) (St. & No. of Highway)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 2 mos.; In Arizona Life 39 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Young  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Cecil Vergil Ralston (b) If veteran No (c) Social Security No. 526-03-6798  
(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 Annabelle Ralston 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Dec. 25 1902  
(Month) (Day) (Year)  
8. AGE: Years 39 Months 8 Days 15 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Middle Verde, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Laborer  
11. Industry or Business Saw Mill  
Father { 12. Name Albert Ralston  
13. Birthplace Middle Verde, Arizona  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Rosa Diokion  
15. Birthplace Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Emmett Ralston (Bro.)  
(b) Address Camp Verde, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Jerome, Ariz. Date 9/15/42  
18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) Sept. 14-42  
(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) Sept. 13th 19 42  
TIME (Hour and minute) 8:45 PM M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Falling from truck  
Head injury  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include 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) Accident  
(b) Date of occurrence Sept. 13-42  
(c) Where did injury occur? Young, Gila, Ariz.  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place  
(Specify type of place)  
While at work? No (e) Means of injury Head injury  
23. Signature [Signature] M.D.  
Address Globe, Ariz. Date signed 9-14-42