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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. 115

Registrar's No. 94

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

(d) Length of Stay: In Hospital or Institution 21 days; In Community 1 year; In Arizona 1 year
(Specify whether years, months or days)

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. 567 East Ash St.; (e) If foreign born, in B. S. A. yr.

3. (a) FULL NAME (Rev.) Verge McCanlies (b) If veteran No name war (c) Social Security No. 450-03-5125
(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 Mary Lee McCanlies		6. (c) Age of husband or wife, if alive <u>yr.</u>
7. Birthdate of deceased March 23rd. 1881 (Month) (Day) (Year)		
8. AGE: Years 61	Months 5	Days 29
If less than one day hrs. min.		
9. Birthplace Cisco Texas (City, town or county) (State or Country)		
10. Usual Occupation Pastor Nazerene Church		
11. Industry or Business		
Father	12. Name Madison Hale McCanlies	
	13. Birthplace No Record (City, town or county) (State or Country)	
Mother	14. Maiden Name Maggie Black	
	15. Birthplace Texas (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 22, 1942;
TIME (Hour and minute) 6:30 PM M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to Sept 22, 1942;
that I last saw him alive on Sept 22, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Inoperable carcinoma due to metastases in liver & lungs.
Of operations
Of autopsy

DURATION	
<u>1 yr</u>	
PHYSICIAN	
Underline the cause to which death should be charged statistically.	

16. (a) Informant's own signature Mrs. Mary Lee McCanlies
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Phoenix, Ariz. Date 9/23/42 1942

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

19. (a) Sept. 22 1942
(Date received local Registrar)
(b) Debra Wanslee
(Registrar's Signature)

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] Date signed 9/23/42 M.D.
Address Globe