

630

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

110  
State File No.

Registrar's No. 106

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Anderson & Blake Add.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 37 yrs.; in Arizona 37 yrs.  
(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. Anderson & Blake Add.; (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
3. (a) FULL NAME Johnie Beulah Osborn (b) If Veteran name war \_\_\_\_\_  
Social Security No. 526 16 7222 (If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed, divorced Widow  
6. (b) Name of husband Frank C. Osborn 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Dec. 31 1874  
(Month) (Day) (Year)  
8. AGE: Years 67 Months 9 Days 25 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Baylor County, Texas.  
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business \_\_\_\_\_

12. Name John Prope

13. Birthplace Texas.  
(City, town or county) (State or Country)

14. Maiden Name Caroline Tackett

15. Birthplace Texas.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Charles Davis

(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Arizona Date 10/29/42

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Nov. 4 - 42  
(Date received local Registrar)

(b) Jessie Wanslee  
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 26th 1942  
TIME (Hour and minute) 10:30 PM

21. I hereby certify that I attended the deceased from Oct. 18, 1942 to Oct. 26, 1942; that I last saw her alive on Oct. 26, 1942, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma right breast - metastatic in lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. C. Harper M. D.  
Address Globe, Arizona Date signed 11-2-42

DURATION 4 years.

PHYSICIAN Underline the cause to which death should be charged statistically