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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 82
Registrar's No. 120

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 315 Euclid St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 4 Years; in Arizona 50Yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 315 Euclid St. (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Charles Albert Harris (b) If Veteran name was NO Social Security No. No Record

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced Widower
6. (b) Name of husband or wife Lulu A. Harris 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased May 2 1881
(Month) (Day) (Year)
8. AGE: Years 61 Months 7 Days 16 If less than one day hrs. _____ min. _____
9. Birthplace Demming New Mexico
(City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business _____
Father } 12. Name John Albert Harris
13. Birthplace Sabernal Co, Texas
(City, town or county) (State or Country)
Mother } 14. Maiden Name Sarah Ann Malcom
15. Birthplace Joplin Mo.
(City, town or county) (State or Country)

16. (a) Informant's own signature Sarah Wells
(b) Address Jerome Ariz.
17. (a) ~~Burial, Cremation or Removal~~ Young Ariz. removal
(b) Place Young, Ariz. (c) Date 12 27 42
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Dec. 30 - 42
(Date received local Registrar)
(b) Inez Hancher
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 18 1942
TIME (Hour and minute) 3:00 A.M.
21. I hereby certify that I attended the deceased from Jan 42
_____, 19____ to Dec 18 1942
that I last saw him alive on Dec 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis & Myocarditis with Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
3 yrs
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? _____ (Specify type of injury)
23. Signature [Signature] M.D.
Address Globe Date signed 12/24/36