

2279

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

89

State File No. _____

Registrar's No. 10

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 609 N. Devereux St.
(If outside city limits also write RURAL)
 (d) Length of Stay: In Hospital or Institution _____; In Community 63 years; in Arizona 76 years
(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. 609 N. Devereux St.; (e) Citizen of foreign country (yes or No) _____
(If Yes, which country) _____

3. (a) FULL NAME Cordelia Crawford (b) If Veteran No (c) Social Security No. No
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow

6. (b) Name of husband Bushrod F. Crawford, Deceased 6. (c) Age of husband Deceased
(If wife, if alive, yrs.)

7. Birthdate of deceased Feb. 27 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 4
If less than one day hrs. min.

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

10. Usual Occupation At Home

11. Industry or Business _____

Father { 12. Name John Adams
 13. Birthplace Arkansas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Emily Scarber
 15. Birthplace Arkansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Emily McLaughlin
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place Globe, Ariz. Date 2/4/43

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

19. (a) Feb. 14 1943
(Date received local Registrar)
 (b) Gene Wavelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jany. 31st 1943
 TIME (Hour and minute) 12:20 AM

21. I hereby certify that I attended the deceased from Jan. 29, 1943, to Jan. 31, 1943;
 that I last saw her alive on Jan. 31, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure
Complicating Bronchial Asthma

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

DURATION 3 days

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 T. C. Harper M. D.
 Address Globe, Ariz. Date signed 2-11-43