

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **64**

Registrar's No. **12**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **898 North Broad St.,**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community **3 mos.**; in Arizona **5 mos.**
(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. **898 North Broad St.,**; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME **Elizabeth Ann McNulty** (b) If Veteran name war _____ Social Security No. **No**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased **April 25th 1938**
(Month) (Day) (Year)

8. AGE: Years **4** Months **9** Days **6** If less than one day hrs. _____ min. _____

9. Birthplace **Okfuskee County, Oklahoma**
(City, town or county) (State or Country)

10. Usual Occupation **(Child)**

11. Industry or Business _____

12. Name **Chas. Edward McNulty**

13. Birthplace **Morris Oklahoma**
(City, town or county) (State or Country)

14. Maiden Name **Charity Goodin**

15. Birthplace **Seminole, Oklahoma**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Chas. E. McNulty**

(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Removal**

(b) Place **Bristow, Okla.** Date **2/23/43**

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

(b) Funeral Director **Fred H. Jones**

(c) Address **Globe, Arizona**

19. (a) **Feb. 24 1943**
(Date received local Registrar)

(b) **Gene H. ...**
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Feb. 1st. 1943**
TIME (Hour and minute) **10:10 PM** M.

21. I hereby certify that I attended the deceased from **Jan. 31, 1943** to **Feb. 1, 1943**; that I last saw her alive on **Feb. 1, 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia, complicating an acute cold**

DURATION **3 days**

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

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 **2-2-43**