

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 119 North High St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
In Community 30 years; in Arizona 30 years

(d) Length of Stay: In Hospital or Institution _____; (e) City or Town Globe
(Specify whether years, months or days) (If outside city limits also write RURAL)
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. 119 North High St.; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Francis Simeon Partridge (b) If Veteran No Social Security No. No

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

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

7. Birthdate of deceased Aug. 14th 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 18 hrs _____ min _____
If less than one day

9. Birthplace Bristol, England
(City, town or county) (State or Country)

10. Usual Occupation Clothes Cleaner

11. Industry or Business Self Employed

Father } 12. Name Walter Partridge
13. Birthplace England
(City, town or county) (State or Country)

Mother } 14. Maiden Name Lucy Nicholas
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Walter Partridge
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona Date 2/6/43 1943

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

19. (a) Feb. 14 - 43
(Date received local Registrar)

(b) Green Wauhee
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 2nd, 1943
TIME (Hour and minute) 9:30 AM M.

21. I hereby certify that I attended the deceased from He had no 1943
Physician to _____ 1943
that I last saw him alive on Feb 1

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis + occlusion

Due to Endarteritis

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Occlusion Coronary Arteries

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? _____ Means of injury _____

23. Signature Green Wauhee Date signed 2/18/43 M. D.

Address Globe

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically