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*Harker*

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. *207*

Registrar's No. *207*

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 590 East Cedar St.  
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 38 years; in Arizona Same  
 (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. 590 East Cedar St.; (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
 If Yes, which country \_\_\_\_\_ (If NONE write the word)

3. (a) FULL NAME Anna Rainer (b) If Veteran name war No Social Security No. None

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

6. (b) Name of husband John Rainer, Deceased 6. (c) Age of husband \_\_\_\_\_  
 or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Oct. 12th 1867  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 5 If less than one day  
 hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation At Home

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

Father { 12. Name Battista Gherna  
 13. Birthplace Italy  
 (City, town or county) (State or Country)

Mother { 14. Maiden Name -----? Peccolatti  
 15. Birthplace Italy  
 (City, town or county) (State or Country)

16. (a) Informant's own signature John Rainer  
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Globe, Ariz. (c) Date 2/21/43 1943

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

19. (a) Feb. 26-43.  
 (Date received local Registrar)

(b) Inure Hauelle  
 (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 17th 1943  
 TIME (Hour and minute) 9:30 AM

21. I hereby certify that I attended the deceased from Jan. 15, 1942 to Feb. 17, 1943;  
 that I last saw her alive on Feb. 17, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

DURATION 5 years

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. Harker M. D.  
 Address Globe, Ariz. Date signed 2-24-43