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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 33

Registrar's No. 33

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Long & Stovall Manganese Mine near Globe, Arizona
(d) Length of Stay: In Hospital or Institution _____; In Community 1 month; In Arizona 8 years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Payson
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Thomas Edward Fritz (b) If veteran No (c) Social Security No. 527-12-2283
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Alice Fritz 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 9th 1885
(Month) (Day) (Year)
8. AGE: Years 57 Months 9 Days 10 If less than one day
hrs. _____ min. _____
9. Birthplace Flat Lake, Kentucky
(City, town or county) (State or Country)

10. Usual Occupation Miner
11. Industry or Business _____
Father { 12. Name John Fritz
13. Birthplace Virginia
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elizabeth Ridge
15. Birthplace South Carolina
(City, town or county) (State or Country)

16. (a) Informant's own signature Leo Fritz
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz (c) Date Mar. 22nd, 1943
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) April 2-43
(Date received local Registrar)
(b) Joe W. Warden
(Registrar's Signature)

5M 100% Reg 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 19th 1943
TIME (Hour and minute) 3:00 PM M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

DURATION _____
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) accident
(b) Date of occurrence March 19, 1943
(c) Where did injury occur? 5 1/2 M. East of Globe, Gila, Ari
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? industrial place
(Specify type of place)

While at work? yes (e) Means of injury fall of rock in mine
23. Signature Walter Shult Coroner WJX
Address Box 811 Globe, Ariz Date signed 3-31-43