

1495

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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. _____
Registrar's No. 38
(St. & No. (or) Name of Institution)
In Arizona 22 Years
(Specify whether years, months or days)
(b) County Gila
(c) City or Town Globe
(If outside city limits also write RURAL)
(e) If foreign born, in U. S. A. 40 Years yrs.
(c) Social Security No. None
(If NONE write the word)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 609 N. Hill St
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 22 Years; In Arizona 22 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. Hill St; (e) If foreign born, in U. S. A. 40 Years yrs.
3. (a) FULL NAME Edith Clemo (b) If veteran name war _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Fred Clemo 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased May 11 1872
8. AGE: Years 70 Months 10 Days 23 hrs _____ min _____
9. Birthplace St. Austell Cornwall Co. Eng.
(City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business _____
Father { 12. Name Hart Nichols
13. Birthplace England
(City, town or county) (State or Country)
Mother { 14. Maiden Name _____
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Fred Clemo
(b) Address 609 N. Hill St,
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Arizona Date April 8, 1943
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona
19. (a) April 8 - 43
(Date received local Registrar)
(b) Frede Wauelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 4, 1943
TIME (Hour and minute) 5:15P M.
21. I hereby certify that I attended the deceased from May 1, 1942 to April 4, 1943
that I last saw her alive on April 4, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure due to Mitral Stenosis
Due to _____
Due to _____
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
about 2 yrs.
about 5 yrs.
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? _____ (c) Means of injury _____
23. Signature T. C. Harper M. D.
Address Globe, Arizona Date signed 4-6-43