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103

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registrar's No. 49

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 738 North Hill St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 33 yrs.; In Arizona 33 yrs.  
(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. 738 North Hill St.; (e) If foreign born, in U. S. A. 33 yrs.  
3. (a) FULL NAME Joseph Werry Burt (b) If veteran name war No (c) Social Security No. 527-07-7252  
(If NONE write the word)

4. Sex <b>Male</b>	5. Color or Race <b>White</b>	6. (a) Single, married, widowed or divorced <b>Widower</b>
6. (b) Name of husband <b>Myrtle Eva Burt</b>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>April 13th 1886</u> (Month) (Day) (Year)		
8. AGE: Years <b>57</b>	Months <b>0</b>	Days <b>17</b>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Cornwall, England</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Miner</u>		
11. Industry or Business _____		
Father	12. Name <u>Richard Burt Sr.</u>	
	13. Birthplace <u>England</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Grace Werry</u>	
	15. Birthplace <u>England</u> (City, town or county) (State or Country)	

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) April 30 1943;  
TIME (Hour and minute) 8:45 AM M.

21. I hereby certify that I attended the deceased from  
April 28, 1943 to April 30, 1943;  
that I last saw him alive on April 29, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac failure due to  
Bronchiectasis + pneumonia

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

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

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

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

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

**DURATION**  
about 15 yrs

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Hilda Sanders  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. (c) Date 5/3/43 19\_\_

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

19. (a) May 13-43  
(Date received local Registrar)  
(b) Frank Wavalle  
(Registrar's Signature)

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 J. C. Harper M. D.  
Address Globe, Ariz. Date signed 5-7-43