

2141

39

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____

Registrar's No. 28

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 62 1/2 Davis Canon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 2 Mos 26 Days; in Arizona 2 mos 26 day
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)

(d) Street No. 62 1/2 Davis Canon (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Unnamed infant of Ruby Powell (b) If Veteran No name war No Social Security No. X

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

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

7. Birthdate of deceased May 4 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. 0 min. 5

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

10. Usual Occupation None

11. Industry or Business None

12. Name Leon Poe

13. Birthplace unknown New Mexico
(City, town or county) (State or Country)

14. Maiden Name Ruby Powell

15. Birthplace White City Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Ruby Powell

(b) Address Miami Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Burial (c) Date May 5 1943

18. (a) Embalmer's Signature Wesley M. Mortimer

(b) Funeral Director Wesley M. Mortimer

(c) Address Miami Arizona

19. (a) May 7 1943
(Date received local Registrar)

Nelson D. Brayton
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 4, 1943;
TIME (Hour and minute) May 4 1 05 A M M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____;

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

Immediate cause of death Atelectasis

Due to unknown

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 Nelson D. Brayton

Address Miami Date signed May 7 1943

DURATION
5 min.

PHYSICIAN
Underline the
cause to which
death should
be charged
statistically