

2170

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 125

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

(d) Length of Stay: In Hospital or Institution 2 Days; In Community 60 Days; In Arizona 60 Days
(Specify whether years, months or days)

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

(d) Street No. _____

3. (a) FULL NAME Malissa Netherton (b) If veteran name war. 11/2 (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Tom Netherton</u>		6. (c) Age of husband or wife, if alive..... yrs.
7. Birthdate of deceased <u>Nov. 7 1897</u> (Month) (Day) (Year)		
8. AGE: Years <u>45</u>	Months <u>6</u>	Days <u>23</u>
If less than one day hrs. min.		
9. Birthplace <u>Tennessee</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>At Home</u>		
11. Industry or Business _____		
FATHER	12. Name <u>Alexander Hyde</u>	
	13. Birthplace <u>Tennessee</u> (City, town or county) (State or Country)	
MOTHER	14. Maiden Name <u>Tennie Robinson</u>	
	15. Birthplace <u>Tennessee</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Tom Netherton</u>		
(b) Address <u>Tulsa Oklahoma</u>		
17. (a) Burial, Cremation or Removal <u>Removal</u>		
(b) Place <u>Tulsa Okla</u> (c) Date <u>May 31 1943</u>		
18. (a) Embalmer's Signature <u>Fred H. Jones</u>		
(b) Funeral Director <u>Fred H. Jones</u>		
(c) Address <u>Globe Arizona</u>		
19. (a) <u>May 31-43</u> (Date received local Registrar)		
(b) <u>Frederic Wauveler</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 30, 1943:
TIME (Hour and minute) 3:40 P.M.

21. I hereby certify that I attended the deceased from May 28, 1943 to May 30, 1943:
that I last saw her alive on May 30, 1943:
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Bronchial Asthma DURATION 12 hrs.

Due to _____

Other condition Hypertension arterial
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 A. E. Clark M. D.
Address Globe Arizona Date signed 5-30-43