

2007

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 65

Registrar's No. 62

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 208 Pasqual Ave.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 19 yrs; In Arizona 27 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. 208 Pasqual Ave.; (e) If foreign born in U. S. A. _____ yrs.

3. (a) FULL NAME Zella Frances Rivenburg (b) If veteran _____ (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 Roy V. Rivenburg 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased October 21 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 12 If less than one day
hrs. min.

9. Birthplace Ashland, Wisconsin
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name Frank Pelton

13. Birthplace Penn.
(City, town or county) (State or Country)

14. Maiden Name Dora Bacon

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

16. (a) Informant's own signature Roy V. Rivenburg

(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz. (c) Date 6/15/43 19__

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) June 12-43
(Date received local Registrar)

(b) Doris Wampler
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 3rd 1943
TIME (Hour and minute) 3:50 AM M.

21. I hereby certify that I attended the deceased from _____, 19__ to June 3, 19__
that I last saw her alive on June 3, 19__

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

Immediate cause of death Heart trouble, Pulmonary

Due to Neoplasm, Pulmonary

Due to Tumor Sacrum

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 W. C. Clark M. D.

Address Globe Arizona Date signed 6/11/43

DURATION

12 hours

2 months

6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.