

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 88  
Registrar's No. 73

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 680 Ash St. E.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 37 Years; In Arizona 37 Years  
(Specify whether years, months or days) (e) City or Town Globe  
(If outside city limits also write RURAL)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) If foreign born, in U. S. A. None  
(d) Street No. 680 Ash St. E. (e) Social Security No. None  
(If NONE write the word)

3. (a) FULL NAME Ida Clare Messer  
4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased June 13 1869  
(Month) (Day) (Year)  
8. AGE: Years 74 Months 0 Days 24 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Lavaca Co. Texas (City, town or county) (State or Country)  
10. Usual Occupation At Home  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name T.B. Clare  
13. Birthplace Lincoln Co. Missouri (City, town or county) (State or Country)  
Mother { 14. Maiden Name Ann Culpepper  
15. Birthplace Nash Co. North Carolina (City, town or county) (State or Country)  
16. (a) Informant's own signature J. W. Phillips  
(b) Address Globe Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Arizona Date 7-9-43  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona  
19. (a) \_\_\_\_\_ (Date received local Registrar)  
(b) J. W. Phillips (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 7, 1943;  
TIME (Hour and minute) 5 P. M.  
21. I hereby certify that I attended the deceased from June 28 to July 7, 1943;  
that I last saw her alive on July 6, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
10 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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Clark M. D.  
Address Box 1743 Date signed 7-13-1943  
Globe Arizona