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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 91
Registrar's No. 72

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 684 Devereaux St. N.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 29 yrs; In Arizona 29 years
(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. 684 Devereaux St. N.; (e) If foreign born in U. S. A. _____ yrs.
3. (a) FULL NAME Daniel A. Kendall (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Male 6. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Anna Margaret Kendall 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Sep't 13 1864
(Month) (Day) (Year)
8. AGE: Years 78 Months 9 Days 26 If less than one day hrs. _____ min. _____
9. Birthplace Wales Twp. Michigan
(City, town or county) (State or Country)
10. Usual Occupation Millwright & Engineer
11. Industry or Business _____
Father { 12. Name Charles Kendall
13. Birthplace England
(City, town or county) (State or Country)
Mother { 14. Maiden Name Mary O'Meara
15. Birthplace Ireland
(City, town or county) (State or Country)

16. (a) Informant's own signature Robert Kendall
(b) Address Phoenix Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Ariz. (c) Date 7-22-43
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona
19. (a) July 22 - 43
(Date received local Registrar)
(b) J. E. Harnes
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 9, 1943;
TIME (Hour and minute) 10:30 P. M.
21. I hereby certify that I attended the deceased from Feb - 1943
to July 9 - 1943, 19____;
that I last saw him alive on July 9 - 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Obstruction -
Due to Probably Carcinoma of
Head of Pancreas -
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION _____
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? _____ (c) Means of injury _____
23. Signature J. E. Harnes M. D.
Address Miami, Ohio Date signed 7-13-43