

1406

M. Clark

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 107

Registrar's No. 162

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

(d) Length of Stay: In Hospital or Institution 1 Day; In Community 45 years; in Arizona Same
(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. 670 North High St.; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Mary Elizabeth Richards (b) If Veteran name war No (c) Social Security No. None

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

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

7. Birthdate of deceased Aug. 21st. 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hrs. _____ min. _____

9. Birthplace Co., Cornwall, England
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

Father } 12. Name Richard Thomas

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

Mother } 14. Maiden Name Sarah Wilkins

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

16. (a) Informant's own signature Mrs. Elizabeth May Chapman
(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz. 10/3/43

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

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Oct. 11-43
(Date received local Registrar)

(b) Jane Wencell
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 28th 1943
TIME (Hour and minute) 8:45 P. M.

21. I hereby certify that I attended the deceased from 9/8/43
to 9/28, 1943

that I last saw her alive on 9/28, 1943

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

Immediate cause of death Carcinoma Liver

Due to secondary to Carcinoma Stomach

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION 6 months

1 year

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 Alman Clark M. D.
Address Globe, Arizona Date signed 10/8/43