

4809

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 481
Registrar's No. _____

1. Place of Death: (a) County Pinal (b) City or Town near Winkelman (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 40 years; in Arizona 40 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Pinal; (c) City or Town near Winkelman
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (yes or No) No
If Yes, which country _____ (If NONE write the word)
3. (a) FULL NAME Phlem Humphrey (b) If Veteran 10/7 name war _____ Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Lucia Humphrey 6. (c) Age of husband or wife, if alive 71 yrs.
7. Birthdate of deceased Jan 19 1856
(Month) (Day) (Year)
8. AGE: Years 87 Months 8 Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Louisville Ky.
(City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business Cattle
Father { 12. Name Mike Humphrey
13. Birthplace unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Martina Turner
15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Lucia Humphrey
(b) Address Winkelman Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman (c) Date Sept 27 1943
18. (a) Embalmer's Signature P. G. Hutton
(b) Funeral Director P. G. Hutton
(c) Address Winkelman Ariz
19. (a) 9-28-43
(Date received local Registrar)
(b) Grace G. Wilcox
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 25 1943
TIME (Hour and minute) 8:20 P.M.
21. I hereby certify that I attended the deceased from September 11 to Sept 25, 1943; that I last saw him alive on Sept 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION about 2 weeks
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 Charles H. Hucks M.D. Date signed 9/26/43
Address Hayden