

4989

Clark

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Tonto Basin
 (Specify whether years, months or days) (If outside city limits also write RURAL)

3. (a) FULL NAME Cora Malone (b) If Veteran name war No (c) Citizen of foreign country (yes or No) None
 (d) Street No. _____ (e) Social Security No. _____

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married (c) Age of husband or wife, if alive _____ yrs.

6. (b) Name of husband or wife Wm. A. Malone 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased August 13th 1898
 (Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 9 If less than one day hrs. _____ min. _____

9. Birthplace Central Arizona
 (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

12. Name George Coombs
 13. Birthplace Utah
 (City, town or county) (State or Country)

14. Maiden Name Jennie J. Cluff
 15. Birthplace Utah
 (City, town or county) (State or Country)

16. (a) Informant's own signature Wm. A. Malone
 (b) Address Tonto Basin, Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place Globe, Arizona Date 10/25/43

18. (a) Embalmer's Signature L. O. Jones
 (b) Funeral Director Fred H. Jones
 (c) Address Globe, Arizona

19. (a) Oct. 30 1943
 (Date received local Registrar)
 (b) Drewes W. W. W.
 (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Oct. 22nd. 1943
 TIME (Hour and minute) 7:30 PM

21. I hereby certify that I attended the deceased from Oct 20
 1943 to Oct 22 1943
 that I last saw her alive on October 21 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, Chronic
bronchopneumonia

Due to _____

Due to _____

Other conditions Congestive Heart Failure
 (Include pregnancy within 3 months of death)

Major findings: 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 J. E. Clark M. D.
 Address Globe, Arizona Date signed 10/28/43

DURATION	PHYSICIAN
<u>3 yrs</u>	Underline the cause to which death should be charged statistically