

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 265 N. Hill St  
 (d) Length of Stay: In Hospital or Institution 20 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe  
 (d) Street No. 265 N. Hill St (If outside city limits also write RURAL)

3. (a) FULL NAME Charles Daron Morrison (b) If Veteran None (c) Citizen of foreign country (Yes or No) No  
 (e) If Yes, which country None (c) Social Security 526-18-0297

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married  
 (b) Name of husband or wife Lennie Morrison (c) Age of husband or wife, if alive 31 yrs.

7. Birthdate of deceased Jan. 31 1882  
 8. AGE: Years 61 Months 10 Days 27 If less than one day hrs. min.

9. Birthplace Hamilton Co. Texas (City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business Laborer

12. Name David Morrison (City, town or county) (State or Country)  
 13. Birthplace Alabama (City, town or county) (State or Country)

14. Maiden Name Martha Hale (City, town or county) (State or Country)  
 15. Birthplace Alabama (City, town or county) (State or Country)

16. (a) Informant's own signature Chas Morrison  
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Globe, Ariz. (c) Date 12/31 1943

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

19. (a) Jan. 8-44 (Date received Local Registrar)  
 (b) Lennie W. Wences (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 28th 1943  
 TIME (Hour and minute) 4:15 P.M.

21. I hereby certify that I attended the deceased from June 15, 1943 to Dec. 28, 1943  
 that I last saw him alive on Dec. 27, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of 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 T. G. Harper M. D.  
 Address Globe, Ariz. Date signed 1-6-44

DURATION one year

PHYSICIAN Underline the cause to which death should be charged statistically