

240

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. 30

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State _____; (b) County _____; (c) City or Town _____
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME Mr. & Mrs. Vernon McBride (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Jany. 26 1944
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Globe, Arizona
(City, town or county) (State or Country)
10. Usual Occupation _____
11. Industry or Business _____
Father { 12. Name Vernon McBride
13. Birthplace Sheldon, Arizona
(City, town or county) (State or Country)
Mother { 14. Maiden Name Agnes Burns
15. Birthplace Alma, New Mexico
(City, town or county) (State or Country)
16. (a) Informant's own signature Vernon McBride
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 1/27/44
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) June Wauson (Date received Local Registrar)
(b) March 20 - 44 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jany. 26th 1944
TIME (Hour and minute) 5:30 P. M.
21. I hereby certify that I attended the deceased from January 26, 1944 to January 26, 1944
that I last saw her alive on January 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____
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? _____ (e) Means of injury _____
23. Signature Alexander J. T. Basse M. D.
Address Globe, Ariz. Date signed Feb. 1944