

041

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **108**  
Registrar's No. **21**

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) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

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**  
White  Indian  Negro  Oriental

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased **Jany. 26th 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, Arizona** Date **1/27/44**

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

19. (a) **March 20-44**  
(Date received Local Registrar)

(b) **Jane Wampler**  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Jany. 26th 1944**  
TIME (Hour and minute) **9:45 P. M.**

21. I hereby certify that I attended the deceased from **January 26**, 19**44** to **January 26**, 19**44**; that I last saw h.e.r. alive on **January 26**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Pneumonia**

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. Bosse** M. D.  
Address **Globe, Ariz.** Date signed **Feb. 1, 1944**