

1586

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 61

Registrar's No. 26

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

(d) Length of Stay: In Hospital or Institution 3 days; In Community 25 yrs.; In Arizona  
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe  
 (If outside city limits also write RURAL)

(d) Street No. 159 Globe St.; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
 If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Lola Frances Rice (b) If Veteran name war No (c) Social Security No. 526-18-0030

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Widow  
 White  Indian  Negro  Oriental

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

7. Birthdate of deceased July 26th 1881  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 12 If less than one day  
 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Macon, Missouri  
 (City, town or county) (State or Country)

10. Usual Occupation Cook

11. Industry or Business School meal Dept.

Father { 12. Name Isaac Thompson  
 13. Birthplace New York  
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Alafair Ward  
 15. Birthplace Kentucky  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Lester Rice  
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Globe, Ariz. Date 2/21/44

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

19. (a) Feb. 18-44  
 (Date received Local Registrar)  
 (b) Jane H. ...  
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 5th 1944  
 TIME (Hour and minute) 11:20 PM M.

21. I hereby certify that I attended the deceased from February 4  
 1944 to February 5 1944  
 that I last saw her alive on February 8 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, General

Due to Carcinoma of Cecostigmoid Fungating

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Excision of a fungating carcinoma of Cecostigmoid  
 Of operations: \_\_\_\_\_  
 Autopsy: \_\_\_\_\_

DURATION 72 hrs.

3 months

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 Adrian E. Clark M. D.  
 Address Globe, Arizona Date signed 2/18/44