

1598

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 173
 Registrar's No. 36
 1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 306 Cottonwood St.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
 (d) Length of Stay: In Hospital or Institution _____; In Community 1878; In Arizona 1878
 (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. 306 Cottonwood St. (e) Citizen of foreign country (Yes or No) _____
 If Yes, which country _____ (c) Social Security No. None
 3. (a) FULL NAME Patrick Rose (b) If Veteran name war 1310 (c) Social Security No. None

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Widowed
 White Indian Negro Oriental White
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
 7. Birthdate of deceased March 19 1858
 (Month) (Day) (Year)
 8. AGE: Years 85 Months 11 Days 6 If less than one day
 hrs. _____ min. _____
 9. Birthplace Silver City, New Mexico
 (City, town or county) (State or Country)
 10. Usual Occupation Mining Man (Retired)
 11. Industry or Business _____
 12. Name William Rose
 13. Birthplace Ireland
 (City, town or county) (State or Country)
 14. Maiden Name Mary Towle
 15. Birthplace Ireland
 (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Maud Bauersfeld
 (b) Address Globe Arizona
 17. (a) Burial, Cremation or Removal Globe G. A. R. Plot
 (b) Place Globe Arizona (c) Date 2/25 1944
 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) June Wanner
 (Registrar's Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH (Month, day and year) Feb. 25th 1944
 TIME (Hour and minute) 6:30 PM M.
 21. I hereby certify that I attended the deceased from June 1943
 to February 25, 1944
 that I last saw him alive on February 24, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Uraemic Poisoning
 Due to Chronic Interstitial Nephritis
 Due to Arteriosclerosis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

DURATION
<u>3 days</u>
<u>10 yrs</u>
<u>5 yrs</u>

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 Arthur E. Clark M. D.
 Address Globe Ariz. Date signed 3/14/44