

2353

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 114

Registrar's No. 46

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 _____; In Community _____; 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. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Mary Lee Preston (b) If Veteran name war _____ (c) Social Security No. 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 March 23rd, 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 Hurman Preston
13. Birthplace Kentucky
(City, town or county) (State or Country)

Mother { 14. Maiden Name Tommie Bishop
15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Hurman Preston
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 3/25/44

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

19. (a) April 10 - 44
(Date received Local Registrar)

(b) Frederic W. ...
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 23rd, 1944 TIME (Hour and minute) PM

21. I hereby certify that I attended the deceased from March 23-44 to March 24-44

that I last saw him alive on March 23-44, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn infant

Due to cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

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) none

(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 Raymond ... M. D. Address ... Arizona Date signed 4-9-44