

724

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 86

Registrar's No. 63

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 1 Day; In Community 1 day; In Arizona 1 day  
(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 Baby Meehan (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Single  
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 May 6th 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 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 \_\_\_\_\_

12. Name James Meehan

13. Birthplace Quincy Ill.  
(City, town or county) (State or Country)

14. Maiden Name Esther Walls

15. Birthplace Bronx Texas.  
(City, town or county) (State or Country)

16. (a) Informant's own signature James Meehan  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Arizona Date 5/10/44

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) June 10 44  
(Date received Local Registrar)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 7th 1944, 19\_\_\_\_ M.  
TIME (Hour and minute) 8:45 PM

21. I hereby certify that I attended the deceased from May 6, 1944  
\_\_\_\_\_, 1944 to May 7, 1944  
that I last saw h.l.m. alive on May 7, 1944  
and that death occurred on the date and hour stated above.

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

Prematurity - 7 1/2 months

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. Basse M. D.  
Address Globe Ariz. Date signed 6-3-44