

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 87

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 596 East Sycamore
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 43 Yrs.; In Community Same
(Specify whether years, months or days) ; In Arizona Same

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. 596 East Sycamore St. (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____

3. (a) FULL NAME Mary Ann Mercer (b) If Veteran name war No (c) Social Security No. No

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Widow
 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 Feb. 18th 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 19 If less than one day hrs. _____ min. _____
9. Birthplace Kings Mt. North Carolina
(City, town or county) (State or Country)

10. Usual Occupation At Home
11. Industry or Business _____

12. Name James B. Falls
13. Birthplace North Carolina
(City, town or county) (State or Country)

14. Maiden Name Mary Dunlap Dixon
15. Birthplace North Carolina
(City, town or county) (State or Country)

16. (a) Informant's own signature Miss Ann C. Mercer
(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) Doree Vanalle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 7th 1944
TIME (Hour and minute) 11:55 PM M.

21. I hereby certify that I attended the deceased from Nov 1
_____, 1944 to May 7th 1944;
that I last saw her alive on May 7 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death General Debility
from senility and arteriosclerosis 1 yr

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 [Signature] M. D. _____
Address Globe Ariz Date signed June 1, 1944